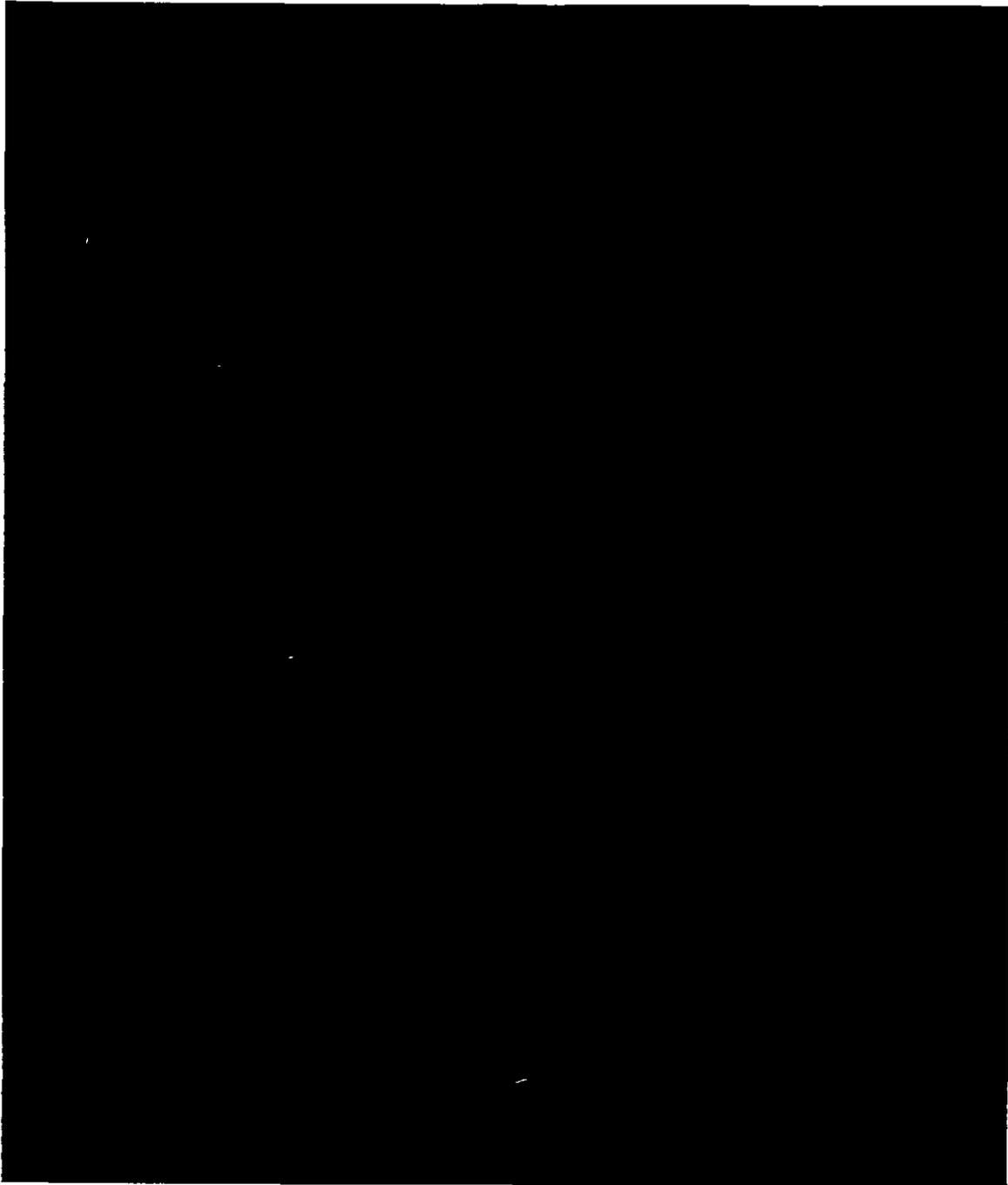


NATIONAL CENTER (CD. 12575
CHILD ABUSE & NEGL

Teen Parents
Grantees Meeting



November 18-21, 1986

This document presents the proceedings of the National Center on Child Abuse and Neglect, Teen Parents Grantees Meeting conducted under contract number, BOA 105-86-8122/286102 with the Office of Human Development Services, U.S. Department of Health and Human Services. The meeting was chaired by Dr. Jane N. Burnley, Associate Commissioner, Children's Bureau. Technical direction was provided by Mr. Roland Sneed, who served as Task Order Leader for the effort. HCR staff included Barbara Robinson, vice president; Suzanne Lirette, project director; Deborah Harris, logistical coordinator; Susan Clark, administrative assistant, and Jan Armstrong, graphics specialist.

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I. INTRODUCTION

The Administration for Children, Youth and Families (ACYF) Coordinated Discretionary Grants process of 1985 resulted in the 1986 award of 29 grants for projects in the area of teenage parenting and child abuse. The National Center on Child Abuse and Neglect (NCCAN) coordinated a four-day meeting of representatives of the ACYF grantees, ACYF, NCCAN, the Office of Human Development Services (OHDS) Discretionary Grants Management Branch, the National Advisory Board on Child Abuse and Neglect and consultants and representatives of various coalition groups dealing with issues in teen parenting and child abuse.

The meeting took place from Tuesday, November 18, to Friday, November 21, 1986, at the Dupont Plaza Hotel in Washington, D.C. Dr. Jane N Burnley, Associate Commissioner of the Children's Bureau of the ACYF, opened the meeting by welcoming the participants, who, she said, were the first 1986 ACYF grantees to meet, and the first group of ACYF grantees whose projects focused specifically on improving teen parenting to prevent child abuse.

II. FEDERAL CONTEXT: Perspectives for the 1990s

Mr. Joseph Mottola, Deputy Commissioner, ACYF, gave the first presentation of the meeting. He noted that the purpose of the meeting was to improve grantees' projects by increasing the exchange of information among grantees, the government, and community agencies involved in preventing child abuse and assisting teen parents. To begin this exchange, Mr. Mottola provided some background on the government's involvement in youth issues.

He described the Youth 2000 Initiative. The National Alliance of Business (NAB) is a prime sponsor of this Initiative, whose goal is to coordinate efforts of public and private sector groups to address the serious systemic problems facing the youth of the U.S. The NAB saw a need to make clear to the very highest levels of the government that problems such as teen pregnancy,

suicide, unemployment and a high school dropout rate threaten the country and the country's economic health and are increasing in severity. Initial efforts of the Youth 2000 Initiative, which was originated at the Cabinet level, resulted in extensive program planning. Many of the programs planned are relevant to grantees' projects. For example, the Initiative states a specific goal in teen pregnancy prevention to reduce the number of pregnancies among women under 20 by 50 percent from the current figure of 1.1 million pregnancies per year.

Jean K. Elder, Ph.D., Acting Assistant Secretary for the Office of Human Development Services, has principal responsibility for planning and coordinating HHS's responsibility in the Youth 2000 Initiative. Components of HHS will implement Youth 2000 projects that are related to their areas of responsibility. HHS will implement projects to improve the delivery of social services to the Nation's vulnerable populations (the aging; children, youth and families; Native Americans and the developmentally disabled), in accordance with its mandate.

Many components of HHS will share in this responsibility. Mr. Mottola stressed that, in many cases, the Youth 2000 Initiative corresponds with already established, in some cases long-standing, program goals of these groups. Some of the groups and their programs are listed below.

- Public Health Service - Several components of the Public Health Service have a long-standing commitment to the issues of adolescent pregnancy. These are the Office of Maternal Health, the Office of Adolescent Pregnancy, and the Family Support Administration.
- Headstart - Through the Headstart program, 1,200 grantees in 2000 locations have already received \$1.1 billion for child development programs. Headstart funds very comprehensive programs to aid development of children from three to five years old. The Headstart program has long been particularly concerned with attempts to improve self-image problems that can lead a child to drug and alcohol dependency or premature pregnancy.
- Runaway Youth Program - Through this program, funds are allocated to local grantees to provide temporary shelter (14 days). Grantees are encouraged to tie into their local

communities to find avenues for longer term care. Runaway children, for example, frequently have substance abuse problems (again, a Youth 2000 focus) that should be addressed by an appropriate community social service agency. The main objective of this program, however, is to reunite runaways with their families.

- 4E Foster Care Program - Six hundred million dollars per year are allocated through this program. States spend additional funds on children who are ineligible for Federal funds because of their families' income level. Children in foster care are frequently victims of the problems addressed by the Youth 2000 Initiative. For example, they are often the children of teen parents or of substance abusers. They are preeminently at risk of becoming substance abusers, child abusers, dropouts and dependents on the welfare state.
- National Center for Child Abuse and Neglect - The National Center for Child Abuse and Neglect (NCCAN) is the source for most of the funds allocated to grantees attending the meeting. The child protective services that make up the majority of the direct delivery services provided by NCCAN do not provide funds for the kinds of programs represented at the meeting; therefore, the discretionary funds available for study and prevention were used. These funds are allocated for child abuse prevention work. It is the connection between teen parenthood and child abuse prevention that makes it possible to use these funds to teach teen parenting skills. Anecdotal evidence suggests that because teen parents lack parenting skills they are at risk of becoming child abusers. (However, no existing statistical evidence demonstrates this conclusively) Programs teaching parenting skills help abused or potentially-abused children directly, by improving their care. Such programs may also intervene in the cycle of premature pregnancy and child abuse. By instilling responsible attitudes toward parenthood in teen parents, they may even prevent recurring young, extramarital pregnancies.
- Independent Living Act - Passed in April of 1986, the Independent Living Act funds instruction in living survival skills to children under age 16 in the 4E Foster Care program. Its intent is to avoid any welfare dependence that might result from a child's tenure in foster care. In this program children are instructed in job search skills, money management skills and other skills required to live independently. Provision of this kind of education may be mandated in all foster care programs, i.e., this Act may provide funds to state foster care programs as well as Federal programs.

There are numerous other small programs in HDS that are involved in the issues raised in the Youth 2000 Initiative. Mr. Mottola pointed out that

there would be clear administrative gains if these programs' objectives were coordinated. However, the reporting and financial requirements of the categorical laws that created these programs make integration difficult. Laws passed by Congress will continue to be categorical, Mr. Mottola said, for administrative, accountability and oversight reasons.

III. WORKING TOGETHER TO PROTECT CHILDREN: Federal Government Priorities for Grantees' Projects

Dr. Burnley began the next portion of the meeting by introducing the Federal staff who will be working with the grantees over the 24 months of their projects. Jan Kirby-Gell of NCCAN is the Project Officer for all grants. As consistent program oversight of all grants is an important NCCAN goal, Ms. Kirby-Gell will be an important resource for each grantee. Helen Howerton, as NCCAN's Director, oversees all discretionary grant programs through NCCAN. Josephine Reifsnyder is the Grants Chief for NCCAN and oversees all policy planning programs of the Center. Juanita Evans, Chief, Social Work Consultants in the PHS, is responsible for coordination of agency efforts on this topic.

Dr. Burnley stated several goals for the next portion of the meeting:

- to explain the expectations and requirements of the Federal Government, particularly NCCAN, for grantees' projects;
- to provide some background in the problems of teen pregnancy; and
- to make grantees aware of each others' programs in some detail. To this end, participants would break into small groups throughout the meeting, to share information on their projects, on community resources and on past project experiences.

The Federal Government has requirements and expectations of grantees in three areas: project evaluation, project financial management and coordination of projects with other State and local resources. Dr. Burnley explained these requirements and expectations.

A. Evaluation

The Federal Government is very interested in evaluating projects performed with Federal funds. Some grantees' proposals had demonstrated more ease with the idea of quantifying objectives and success measures than other grantees' proposals, although some project objectives are easier to evaluate.

The meeting, Dr. Burnley said, was designed to make the importance of proper evaluation procedures clear to all grantees and to teach them how to apply such procedures. She noted that Dr. Lynn Videka-Sherman, an evaluation consultant, has been contracted to assist grantees in developing evaluation goals, plans and measures in the start-up phases of their projects.

The government's principal objective of grantees' projects and all projects is service delivery. Grantees' projects are, however, demonstration projects. The government has funded them in part for research purposes: data collection, statistical modelling and program replication. It is, therefore, very important that program results be quantifiable. It is also desirable that grantees use comparable measurement procedures, so researchers may compare these projects with other current and future projects.

One of the purposes of this meeting was to arrive at common measures for evaluation, if possible. Dr. Burnley emphasized that this was a new concept for NCCAN, and that, in general, the number of projects represented at the meeting and the ambitiousness of the demonstration goals are a departure in NCCAN's grants process. NCCAN hopes that grantees' experience will assist in standardizing evaluation procedures for future projects.

B. Grants Management

Dr. Burnley explained that the conference presentations would include a grants management seminar given by representatives of the grants office. She asked for a show of hands from those who had received NCCAN or other HDS grants. As fewer than 50 percent of participants had received such

grants, Dr Burnley expressed the hope that the seminar would help them avoid certain common accounting errors.

C. Coordination

The Federal Government is also concerned that all social service delivery projects be coordinated with local resources. It is important to avoid duplication of effort, to ensure effective resource use and efficient service delivery. Dr. Burnley was pleased that most grantees had recognized the importance of this element in their proposals and hoped that the panel discussion on coalition building would provoke further discussion. The meeting was also intended to provide an opportunity for grantees to become acquainted with each other and the resources all had to offer; the government hopes that participants will continue this activity when they return to their projects.

Grantees' meetings are a new activity for ACYF. Although in the past project officers spent more time in the field, the increase in the number of projects funded and the corresponding decrease in budget have forced each project officer to handle more projects, making field visits less practical. On the whole, this change is expected to be beneficial in that it provides opportunities for the kind of exchange represented at the present meeting.

ACYF also tries to avoid duplication of effort by coordinating its grants process. As a fair number of grantees were unfamiliar with ACYF's Coordinated Discretionary Grants Process (CDP), Dr. Burnley explained the award procedures and urged grantees to take a copy of the Federal Register containing the 1986 HDS CDP announcement. Their agencies might be interested in submitting a proposal for the next fiscal year.

D. Teen Parent and Child Abuse: Background of Participants' Grants

Dr. Burnley provided some background on the teen parent and child abuse problem and placed grantees' projects in the general picture of efforts to alleviate this problem. Last year's CDP announcement included a priority

area on teen parent and child abuse. (NCCAN thus antedated the Youth 2000 Initiative by one year.) There were a very high number of applications in this priority area. The number of applications in most priority areas ranged from three to four to 30 to 40; in this area, ACYF received 126 proposals. HDS regarded this as a clear signal that projects in this area required increased funding. Therefore, funds were shifted from other areas to teen parents and child abuse. Twenty-nine grants were finally funded.

A review of the statistics available in this topic area demonstrates its importance. In the last 25 years, the percentage of unmarried teen parents has almost tripled, from 15 percent in 1963 to 44 percent in 1983. This statistic alone is the center of an entire constellation of problems. Teen parents have a greater risk than other teens of living in poverty. Fifty percent of the Aid to Families with Dependent Children (AFDC) budget supports families in which the mother was a teen when she gave birth to her eldest child. Fifty-one percent of the children of teen mothers receive AFDC. Teen parents are statistically more likely than other teens to remain on welfare for long periods of time, to drop out of school, to be living under the poverty line by age 35, and to suffer certain health problems.

The complexity of this problem contributed to ACYF's decision to fund such a large number of grants in this topic area. The ramifications of the problem dictate that research examine different treatment models. The projects funded do use different approaches, although many include common elements.

Teen parents are apparently more at risk of becoming child abusers than the general population, Dr. Burnley said, although there are no published statistics to support this assertion. Six to eight months ago, an NCCAN statistician made some interesting discoveries in a study of the reported abuse figures. He found that although only two percent of reported cases involved teen parents abusing their children, this figure is much more significant in relation to the percentage of all teen parents in the population. And neglect, an abuse much harder to identify and report, may be still more prevalent.

The statistics associated with abuse show an increasing number of reports of abuse incidents. In 1984, the 1.7 million abuse cases reported to child protective services were an increase of approximately 12 percent over the 1983 statistics. Sexual abuse reports also increased, from 75,000 in 1983 to 100,000 in 1984. In analyzing these figures, it is important to realize that sexual and physical abuse have been omnipresent media topics in the last few years. Given that media emphasis probably increases the rate of reporting, cases of neglect, a kind of abuse that has not received such concentrated attention from the press, are probably under-reported. As reported cases of neglect are just under half of all reported cases, it is apparent that neglect is a very serious problem and that we may not be aware of the extent of its incidence.

Dr. Burnley emphasized that NCCAN is particularly interested in any statistics that grantees may encounter or collect that represent the involvement of teen parents with child protective services. Public awareness of the abuse problem has increased dramatically. In the late 1970s, a Harris poll showed that 10 percent of the U.S. population polled thought child abuse a serious problem. In late 1984, the same poll showed 90 percent of those polled to be of this opinion. Although everyone involved in bringing this serious problem to the attention of the public is to be congratulated on the obvious success of the effort, this new public awareness may mean that the increase in reports does not represent an increase in actual cases. Abuse by caretakers and sexual abuse are relatively recent reporting categories that have received a great deal of attention. Such abuse may, therefore, be over-reported; interfamilial abuse of children is a far more significant problem.

A case in point, Dr. Burnley explained, is the substantiation rate of reported cases. How are we to interpret the fact that only 40 percent of cases are substantiated, she asked. Lack of substantiation does not necessarily mean that in 60 percent of cases no abuse occurred. More and better data collection and a clearer understanding of abuse statistics are needed. 'Participants' experience and data will be invaluable in assisting with this.

In the current climate, the role of child protective services needs definition, perhaps more than ever. As well as defining abuse more precisely, appropriate intervention in abuse situations must be addressed, as must an old issue, which has recently received new attention: how is it possible to protect the autonomy of the family while intervening efficiently?

Ecological factors may also encourage early premarital pregnancy. Dr. Burnley mentioned the recent series of articles in The Washington Post focussing on teen pregnancy. The author had lived in one of the poorest areas of Washington, D.C. for several months. He found that, despite the obvious negative consequences, a pregnancy raised the self-esteem of the pregnant girl -- her culture supported her in her decision to produce a child. The question of causality is particularly complex and difficult, but observations such as this suggest that community outreach may be particularly effective in attacking the problem. ACYF was therefore, particularly interested in funding projects that involve community programs, the results of which will provide especially interesting research material.

These are issues in service delivery, Dr. Burnley said, and she emphasized that the ultimate goal of all funded projects was the delivery of a service, which is prevention of child abuse.

Everything mentioned so far, coordination of projects, research validation, data collection -- is important, but chiefly as a means to preventing child abuse.

At this point in the discussion, a participant raised a question regarding the correct interpretation of child protection statistics. He believed that it might be counter-effective to focus exclusively on teen parents, i.e., parents under age 20. As Dr. Burnley had mentioned, statistics collected to date do not conclusively support the contention that a large number of teen parents are child abusers. He thought this might be because few people abuse small babies; it is when a child is a toddler or older that abuse begins to occur. Teen parents who have their first child at age 17 or older

will be out of their teens by the time their child reaches the age of risk. Also, many parents are out of their teens by the time they have more than one child, in which situation there is a greater risk for child abuse, both by parents and by older siblings. It would be valuable, he said, to track the incidence with which parents aged 20 to 25 become involved in the child protective system.

Dr. Burnley replied that the point was well-taken; ACYF was not trying to send a message that these funds were to be used exclusively for the prevention of child abuse by parents aged 20 or younger. Furthermore, a parent involved in a 24-month project would in fact receive services for one year as a non-teenager. These projects would also perhaps intervene in the well-documented cycle of child abuse. As abusers tend to pass on bad parenting habits to their offspring, intervention might prevent abuse in the next generation.

The participant's question brought Dr. Burnley to an important point. ACYF views the funds allocated to grantees as seed money. The Administration hopes the effects of this funding will be felt long after the 24 months for which projects are funded. The government will acquire replicable models and valuable research data from these projects and from this research, new techniques of preventing child abuse may ultimately be derived.

The government's investment will also yield better returns if every grantee continues his or her project after ACYF funds expire. She requested that participants begin to think about alternative sources of funding for continuation of their projects now, rather than in 24 months, as ACYF hopes to see these projects continue. HDS does have a strong commitment to ongoing work in this field, she stated, and has again included this topic in the CDP announcement. If every grantee finds other sources of funds to continue his or her project, this will maximize the government's investment of the limited discretionary funds available.

E. NCCAN's Implementation Philosophy

To close, Dr. Burnley summarized the philosophy that governs NCCAN in implementing child abuse prevention programs, which she hopes all participants will espouse. NCCAN's first principle is to keep families together: to reunite them and to support them as units.

Such a principle is clearly necessary in the current child protection situation. Over \$700 million in Federal funds is expended annually for care and protection of children; a large proportion of those funds is spent on children in foster care, demonstrating that not all parents can cope, or can always cope. Although parents are the natural protectors of their children, when for any reason they cannot perform this function adequately, the State must intervene. Intervention within the family is most desirable, as preservation of family units is ultimately in the best interest of children as well as parents. For this reason, the termination of parental rights, in its most extreme form of placing a child in foster care, should be temporary, if at all possible. In 1977 the average length of time a child remained in foster care was four years, a far too lengthy placement. As a permanent family situation for the child is the desideratum and as families are sometimes irremediably impaired, foster care agencies are also increasing efforts to enable foster parents to adopt the children in their care, an action that has been discouraged in the past.

For more information and demonstration of this implementation philosophy, Dr. Burnley reminded participants of the existence of the Clearinghouse on Child Abuse and Neglect Information. She urged everyone to be aware of this service and directed participants to the bibliography included in the registration packet.

Dr. Burnley closed by reiterating that one of the conference's most important functions was to bring together the participants, their projects and the wealth of experience and information that NCCAN was pleased to see

represented in this group. NCCAN also hoped that the conference would prevent duplication of effort, and therefore, improve every project and the projects in which the grantees would be involved in the future.

IV. CONFERENCE GOALS AND EXPECTATIONS

Josephine Reifsnyder and Jan Kirby-Gell opened the session by summarizing the government's expectations for the conference, in particular, that it serve as a forum in which grantees could become aware of the government's expectations and requirements for their projects. Government representatives hoped to broaden their perspective on the problems of teen parenting, to encourage exchange of information among participants and to become aware of participant's expectations of the conference, as participants would help plan the agenda for the next meeting. To this end, conferees were reminded to fill out the project profile forms in their registration packets, the first five questions of which characterized grantees' client populations, how clients were referred to their projects, and major services clients would be provided. This information would be useful to NCCAN in coordinating activities and in planning the next meeting.

Helen Howerton reminded participants that the government's expectations of their projects were especially high. She said that one-seventh of the total discretionary budget had been expended on conferee's projects and that the projects were of an unusually long duration. She went on to ask each conferee to introduce him or herself, describe his or her project, and express some expectations of the meeting.

Participants then introduced themselves and their projects and stated their expectations of the conference. (Brief descriptions of their projects can be found in National Center on Child Abuse and Neglect: 1986 Discretionary Grant Profiles for Projects Funded Under Priority Area 2.1.B - Models to Assist Teenage Mothers in the Prevention of Child Abuse and Neglect.) Their chief expectations are summarized below.

- Financial management - Participants expressed a desire for instruction in budgeting, keeping their projects within budget and satisfying the government's accounting requirements.
- Continuing funding - Participants hoped to learn more about other sources for continuing their projects on expiration of their ACYF grants
- Evaluation - Participants, many of whom believed their projects were particularly qualitative, wanted to learn techniques of evaluation. They were also interested in the government's expectations for the evaluation component of their projects.

Ms. Howerton remarked on the impressive variety and depth of experience the grantees as a group represented. She reiterated ACYF's interest in ensuring that the participants share that experience with each other as well as through NCCAN offices.

The following video presentations completed Tuesday's meeting: Teenage Father - ABC's Afterschool Special and Woman-Child-The Problems of Teen Age Parents - March of Dimes.

V. REPORTS FROM WORK GROUPS

On Wednesday, November 19, participants broke into three work groups after a short plenary session. Group I, led by Helen Howerton, comprised grantees from hospitals and health organizations. Group II, led by Jan Kirby-Gell, comprised grantees from county, coordinating and service improvement groups. Group III, facilitated by Josephine Reifsnyder, comprised grantees from community-based or private agencies.

A member of each group summarized that group's discussion when participants returned to the general session.

A. Group I

The members of Group I, as reported by Mardi Sandler, had found that their organizations had a common interest in using prenatal care to prevent the

health problems commonly experienced by teen mothers and their babies. In providing this service, the Group I members had no shortage of client referrals: clinics, hospital outreach agencies, other community agencies and pregnancy testing agencies. However, there was some anxiety expressed over the large numbers of referrals expected, participants wondered whether it might not be necessary for them to refer clients to other agencies or to rank the needs of potential clients, for example, by severity of family problems.

Some issues related to the use of volunteers were raised. One question concerned how workers can be defined as volunteers. Some participants paid their volunteers either directly in cash or in the form of travel or meal subsidies. Many volunteers are undergraduate or graduate students in social work, who are paid in the sense that their activities are required in their curricula. Participants also wondered whether volunteers should be peers of the client population. They had observed problems both when a volunteer was a peer and when he or she was not. The group had agreed that in one case this question was irrelevant, no one felt that a volunteer must be a parent to work with a teen parent as long as the volunteer was a nurturing, caring individual.

The group suggested some different roles in which volunteers were particularly useful: in one-on-one situations, as group leaders, and with handling administrative tasks such as answering the telephone and mail, typing and filing. The group had agreed that in many cases the use of volunteers was not particularly cost-effective, but that their effectiveness in other areas, community involvement, for example, made up for this drawback.

Other drawbacks of using volunteers, such as accountability and client receptiveness, were also cited. It was pointed out that no one should expect the same results from volunteers' work as expected from staff members work since volunteers are not paid professionals.

The full group then discussed some of the issues concerning the use of volunteers that had been raised by this small group report. A participant

described use of an initial assessment questionnaire for clients. The clients' treatment in the program was tailored to their answers to this detailed questionnaire and they provided feedback on parts of their treatment they found unpleasant or invasive. This procedure, it was suggested, could increase clients' receptiveness to treatment in general and lessen problems they might have with staff or volunteers. Another participant discussed grandmother's groups, which were part of her project. It was mentioned in this context that it is always important to define the families of individual clients, as their marked differences can affect treatment plans.

Group I had also discussed the importance of determining to what extent a family could achieve total independence, a goal for many projects. Some families, it had been pointed out, could not realistically ever expect total independence from support systems. In this context, the group had discussed the different populations their projects served. Some projects' clients were members of particular minority groups, some were developmentally disabled or mentally impaired, others had exhibited deviant or criminal behavior, or a cross-section of the U.S. population.

Group I wanted to note a new problem of which their hospital members were particularly aware: infants born to addict mothers are not being discharged from hospitals, because their mothers, fearing that these infants may have AIDS, abandon their children after birth. There are legal problems in discharging impaired infants left in the care of hospitals without parents relinquishing custody rights. Indefinite boarding of infants in hospitals causes severe problems, both for the infants, who do not receive appropriate care, and for other infants, as that portion of the hospital's budget allocated for temporary extra board is soon exhausted.

B. Group II

John Carrico reported that Group II, County, Coordinating and Service Improvement, had also discussed volunteers in some detail, as all group members planned to use them. The group had asked the following questions.

- How can we keep our volunteers motivated?
- Where can we acquire volunteers?
- How can we screen and train volunteers?
- How can we deal with attrition in the number of our volunteers?

Everyone had agreed that volunteers need to make a very specific commitment in time and task and need to begin working immediately, lengthy training or delays in beginning work resulting from administrative needs were believed to be a mistake. The group had observed that they had more success with volunteers who were either significantly richer or significantly poorer than the norm; both these groups had the time to make a successful volunteer commitment. A member of the group had had success using former teen parents. Requiring a commitment of the volunteer had been useful to the volunteer as well as to the client.

The group had also discussed networking. They believed it was especially important to stay in touch with other social welfare agencies and with the community. Setting up advisory councils was found to be a good way of involving community representatives. Several participants had successfully used community businesses as a source of donations. They described ways of acquiring such donations. This group also made the point that it is important to involve representatives of unlikely sources of support: educational institutions, businesses and churches. When these groups are not involved in a project, they may actually be hostile towards it and thus reduce its effectiveness.

Mr. Carrico then initiated discussion of a wider issue Group II had thought particularly important. Many legislative requirements and economic conditions that are not addressed by legislation militate against the success of programs. In many cases, regulations directly contradict other regulations or violate the intent of other legislation. Three particular problems were noted: licensing regulations for shelters, housing shortages, and day care problems.

Many runaway shelters have been set up recently as the result of popular interest in the runaway problem. Most of these shelters' licenses do not allow the shelter of infants. The pregnant girl who resides in a runaway shelter may thus be deprived of housing precisely when she needs it the most -- after the birth of her child.

Infant day care is extremely scarce. This scarcity makes it difficult for teen mothers to return to school, a job or job training. In the state of Washington, for example, an effort is being made to enact workfare legislation that will deny public assistance to any non-working mother whose child is more than three months old. This law, if enacted, will run directly counter to the spirit of legislation requiring education and training to make teen parents independent of public assistance.

One participant stated that if teen parents were viewed not as perpetrators or potential perpetrators of abuse but as victims of abuse, it might be possible to enact better legislation. He pointed out that many teen parents are the victims of sexual abuse and many more are victims of neglect. Simply bringing a child to term is a form of physical abuse for a very young girl; pregnancy and child birth are developmentally arresting for the very young mother. Several participants noted they had observed this developmental arrest. One participant had had a client who appeared to be a very young teenager, but who claimed to be 22. She had been believed, as she had a child of nine and several younger children. Agency staff later learned that she was even older -- she was 26.

Many participants had observed problems arising from contradictory or incomplete legislation and all agreed these problems were seen particularly in day care and housing. A participant remarked that the 24-month limit on grants could exacerbate all the service shortages mentioned. She worried how sudden cessation of services might affect her clients, should it not be possible to continue her project. Another participant replied that almost everyone's program was concerned with improving clients' self-esteem and therefore, general coping skills. This sort of training, she hoped, might

assist clients to access community resources themselves and to guide other children through the welfare system.

C. Group III

Group III's discussion of volunteers raised questions on how to recruit volunteers, how to use them most appropriately, and whether or not they should be paid.

One issue on recruiting volunteers was how best to make the community aware of their programs. They stated that publicizing their programs in places where potential clients congregated would be a valuable addition to the usual referral methods and might also serve to recruit peer volunteers. The volunteer bureaus that exist in many communities are a very good source of volunteers, and will also train them. A participant had had success in involving community businesses in a job training program for teen fathers. Another participant mentioned using community celebrities: sports and media figures. She said celebrities are often anxious to be involved in such projects, as they are often concerned with maintaining a good public image of themselves or of the organizations they represent. A member of this group suggested using former clients on an advisory board. This is valuable to the former clients, and their perspective is extremely useful to the board. Another participant had found that using former clients to publicize program activities had produced very good results.

This group had also discussed potential problems with volunteers and confidentiality of client records. The group found that volunteers were on the whole no more indiscreet than staff, and that in general volunteers should be treated as staff. This helps make volunteers feel more involved in the project and allows them access to all the support systems available to professional staff. For example, one grantee held weekly staff meetings at which volunteers and staff discussed individual clients' cases; this reduced personnel's need to discuss clients outside the office.

This group also noted that volunteers should document their time and activities as precisely as possible. This serves as a way of recognizing the contribution volunteers are making. Other methods discussed for recognizing volunteers were volunteer banquets, community recognition, weekend retreats and sending volunteers to out-of-town workshops. Some participants in this group also paid volunteers, particularly peer volunteers or former clients. The group's range of payment was 0 to \$44 per week plus expenses and meals.

Another issue raised was how to cover the insurance needs of volunteers. Members had found that lack of insurance constrained them in allotting tasks to non-regular employees, especially driving or operating machinery. Several participants were aware of organizations that provide insurance for this specific purpose. (These participants will make this information available to Ms. Kirby-Gell.) Dr. Barry Sherman said there are two methods that can be used, in New York and perhaps elsewhere, to have volunteers at State agencies insured as employees. A participant mentioned that this issue was being addressed by the State legislature in Texas.

Group III had discussed community donations in some detail. They gave some examples of objects they had been able to acquire, and pointed out that working on getting these donations is a particularly good task for a volunteer. (They mentioned that it is important never to turn down a volunteer; there is almost always some task that a volunteer can do successfully.) A participant raised a point about donations at this time during the discussion. She said that the fund raising committee at her hospital was very anxious that hospital employees not contact businesses independently as in many cases businesses would make small donations and not respond to later appeals for more extensive funds. Another participant mentioned that she had come across a "no-hit list" at her organization: this was a list of organizations to which appeals for donations were not to be made. Several participants mentioned that continued appeals could be counter-effective. A participant replied that small, community-oriented businesses are a good place to obtain donations in kind and are not as frequently approached as larger businesses. Such businesses are best approached face-to-face.

The report from Group III concluded when a member of the group raised the issue that had been brought up in Group II: how were grantees to deal with inconsistent and inadequate legislation concerning problems such as housing?

D. Group Discussion

The full group continued with discussion of this problem. Several participants mentioned that the housing problem is a crisis in their areas. Existing legislation, particularly that governing eligibility for public assistance, complicates their clients' efforts to secure appropriate housing for themselves and their children. In some areas, public assistance is not available to persons without a fixed address -- the means to set up a fixed address are, therefore, not available to a person with no income, living independently for the first time. In some cases, eligibility requirements make it impossible for a teen mother to live independently from her parents; in some areas, eligibility requirements make it impossible for her to remain in her parents' household. In one State, public assistance requires material proof that an address is genuine rather than an accommodation address presented solely for the purpose of receiving assistance. Material proof consists of household furnishings, which public assistance funds can be used to replace, but not to purchase initially. A teen mother without enough capital to buy a bed and also rent an apartment is, therefore, unable to secure public assistance.

Age requirements for public assistance were also brought up. In one State, minors were not permitted to live apart from their parents in public housing unless they were married, which caused problems for 17-year old single mothers. General problems with public housing were mentioned by a number of participants. A participant from Chicago said that administrative problems in the city government had resulted in a great deal of unoccupied public housing, and that structural problems in projects meant that housing that was not entirely boarded-up was frequently only partially habitable. The number of homeless persons was therefore, increasing dramatically. She

described a mother-child shelter in Chicago (many participants had expressed a desire for such a shelter in their communities) The great need for this shelter had been demonstrated when 270 people had been turned away from it the day it opened. She wondered, however, whether more shelters should be opened. The expenditure of private charitable funds and energies on shelters may perpetuate a situation in which public authorities do not expend the public funds allocated for housing responsibly or efficiently.

It was mentioned that defining teen mothers as a group with special needs might make it possible to acquire housing for them without involving them in inadequate public housing systems and without raising the political problems that make it difficult for many governments to provide adequate public housing. Several participants also wondered whether independent living was appropriate for many teen mothers. Many participants agreed that this was a valid point; transitional housing would be ideal. Such housing might involve supervised group living, with day care available for infants.

Several participants also mentioned that delays in processing applications for public assistance were a problem. A participant said that this was particularly a problem with Medicaid; as pregnant teens are often reluctant to seek help, they may be quite advanced in their pregnancies by the time they apply for Medicaid. Given lengthy processing delays, they often may not be covered for their deliveries, and certainly do not receive much prenatal care.

Many participants pointed out that these problems severely affect the efficacy of their programs. The services they will be providing, parenting education, for example, may be meaningless when their clients live in cars and cannot take themselves or their children to the doctor. A participant again expressed the fear that their efforts may delay creation of national policies dealing with housing and day care.

Ms. Howerton observed that although all the problems mentioned are very serious, they can be attacked by legislation. She wondered whether the Independ-

ent Living Legislation might be interpreted in a way that could provide funds to address the housing difficulty. The New York Department of Social Services' Homeless Housing Assistance Program was mentioned as existing legislation that participants had found useful.

Participants also discussed the ways in which problems in the educational system affect the value of their programs. Several participants pointed out that schools often do not provide the flexible attendance policies or class schedules that would allow teen mothers to gain degrees. A few States have programs combining day care with classes, but there is often much more demand than there are programs available.

A participant mentioned another difficulty some of her clients had in completing high school. She had encountered children who had been "socially promoted" for so long that they required extensive remedial education to catch up to their grade level. They did not, however, meet the criteria for gaining entrance into special classes for the learning disabled. An ACYF representative mentioned, in support of this point, a 1977 ACYF survey that found that the average child dealt with by ACYF is two full grade levels behind. A participant from the state of Washington said that an effort is being made there to broaden the definition of learning disabled to deal with this problem. State agencies were attempting to define children who were at risk for certain factors, e.g., abuse and pregnancy, as developmentally disabled. Clearly, this meant the State legislature would be approached for more special education funds for this larger group and she was not positive the legislature would grant these funds.

VI. ADOLESCENT LIFE AND PREGNANCY PREVENTION

Joanne Gaspar, Assistant Secretary of the Office of Population Affairs, addressed the participants in the next portion of the conference. Ms. Gaspar briefly described the National Family Planning Program, which deals with infertility, natural family planning, and contraception. The Adolescent Family

Life Program researches adolescent sexual activity, adolescent pregnancy and adolescent family life. The primary emphasis of this program is to prevent unmarried adolescents from engaging in sexual activity, its secondary emphasis is to provide services to pregnant and parenting adolescents.

Ms. Gaspar described some components of the Public Health Service that deal with topics related to participants' grants. She mentioned the Title XX programs of the Public Health Service, under which demonstration programs on the different approaches for delivering services to teenage and adult parents have been funded. She also mentioned the adoption programs of HDS, which are special needs adoption programs, and the adoption programs of the Public Health Service, which are infant adoption programs. She said that it was difficult in some cases to draw a clear line between these programs. The primary focus of Public Health Service programs is to involve parents, community, and the total family, in problems of adolescent sexuality. This is unique to the Public Health Service.

Ms. Gaspar then discussed some differences in the way adolescents' problems are approached in the social service and the health service communities. A recent study demonstrates that the adoption alternative is more frequently mentioned to pregnant teens in a social service environment than in a health service environment. It has been found that the families of runaway children are more likely to be involved when those children are being served in a social service environment than when they are involved in a family planning program. She summed up the differences by saying that the health services generally regard a person as an isolated individual; the social services are more likely to look at the entire constellation of social forces around an individual.

Ms. Gaspar described some of the limitations of national policy in dealing with problems in family life. For example, it has been found that three important predictors of teen pregnancy are the degree of religiosity of the teen, the degree of communication within her family and whether she is part

of a biologically intact family Ms Gaspar observed that these things ultimately cannot and should not be controlled by the government Government can encourage families and schools in promoting character formation in young people;--government cannot legislate such matters An important priority of the National Family Planning Program is encouraging communication between parent and child; good communication of this kind will eventually do more than government intervention to alleviate the problems adolescents face in modern American society.

Ms Gaspar described the environment in which today's teenager makes her decision about initiating sexual activity and using contraceptives Fewer adolescents are sexually active than is commonly thought. Of those that do become pregnant, a very high percentage terminate their pregnancies in abortion, a high percentage deliver prematurely, and a high percentage of both mothers and children have low health statistics. Sexually active teenagers are at a higher risk of contracting sexually transmitted diseases than the general population. AIDS has received a great deal of attention recently; chlamydia has not been focussed on as much and presents severe health hazards, such as permanent sterility, that are often not discovered early enough, as this disease is almost asymptomatic. Chlamydia should be more frequently screened for in family planning clinics

On the results of studies of contraceptive use, Ms. Gaspar stated that married teens use contraceptives as often and as successfully (i.e., to prevent births) as married non-teens; unmarried teens use contraceptives as often and as successfully as unmarried non-teens, and married persons are universally more successful in using contraceptives. These statistics bear out some findings suggested by social science research: that contraceptives can only be used successfully to prevent birth when the user makes an admission that she is sexually active, recognizes that pregnancy is a consequence of sexual activity, and recognizes that contraceptives are a means of avoiding pregnancy. This psychological profile of the successful contraceptive user is particularly relevant to the grantees' target client

group, as adolescents frequently lack the social maturity required to recognize the consequences of their actions. Ms. Gaspar described a typical pattern of adolescent sexual and contraceptive involvement. Six to nine months after an adolescent girl initiates sexual activity, she will have a pregnancy scare. She will then acquire a contraceptive, usually the pill, and use it regularly until she stops seeing her partner. When she resumes sexual activity with another partner, she will no longer be using contraceptives and will either become pregnant or go through this pattern again. In this context, Ms. Gaspar expressed general frustration that the male partners of sexually active teen girls are irresponsible about contraceptive use.

Ms. Gaspar and participants then briefly discussed the relationship of sex education to contraceptive use. A participant pointed out that boys may be more irresponsible than girls about contraceptive use because boys are still less frequently exposed to sex education than girls, particularly education in contraceptive use. Another participant had found that when adolescents are provided specific information on the working of the male and female reproductive systems, they often express intentions not to become sexually active, partially out of distaste. Ms. Gaspar replied that it is unfortunately not clear that sex education always has this effect. She suspected that some programs in fact have the opposite effect. Research has not provided a clear answer to this question, possibly because of the problems inherent in comparing different sex education programs in different communities. The general research conclusion is that sex education has no influence in preventing or encouraging sexual activity, that it has no influence on children's values or beliefs and that it makes no difference in contraceptive use or effectiveness. A participant stated that he was aware of statistical evidence that providing contraceptives in schools reduces the number of births to children in those schools. Ms. Gaspar replied that this evidence shows that the number of births is reduced, but not the number of pregnancies. She stated that the rationale for these programs is that facilitating adolescents' access to contraceptives will prevent pregnancies,

but that there is also evidence that shows that as many as 12 percent of teenaged girls using contraceptives become pregnant. A participant stated that a number of teenaged pregnancies are certainly intentional. She said that risk-taking behavior (sexual activity, alcohol use, drug use and suicide) is a classic problem among teenagers.

A participant inquired why sex education that discouraged premarital sexual activity could not be funded. She suggested a program similar to the current Say No to Drugs program. Ms. Gaspar replied that although she agreed that the comparison was well-founded, that premarital sexual activity could be as damaging to a teenage girl as drug use, there was no social consensus on this point. A member of the audience pointed out that adolescent sexual activity was not always voluntary, that it was sometimes the result of rape or other forcible or economic persuasion. Ms. Gaspar agreed and pointed out that adolescents and all Americans are the products of a society that equates success with self-destructive activities: drugs, alcohol, fast cars, violence and irresponsible sexual activity. In this context, she mentioned the effect of television on children and described the reactions of the staff of a project evaluating TV programming from three to five in the afternoon, the hours children generally watch unsupervised. The staff had been horrified at the degree of explicit sexuality and violence in this programming. The damage done to children's psyches by such programming is not known: more work needs to be done in this field. She said she was aware of a study that found that teenage girls' sexual debut was frequently at their homes, between three to five in the afternoon. In this context, she mentioned the social problems resulting from women's increased participation in the labor force, increasing numbers of divorces, and the feminization of poverty.

A participant pointed out that the implicit societal messages children receive about sex are probably as deleterious as the explicit ones they receive from television programming. He felt that the figures quoted by Ms. Gaspar earlier concerning adult and teen success in contraception use showed

that irresponsible sexual behavior is not necessarily restricted to adolescents, who are clearly lacking in responsible role models.

Ms. Gaspar then led a brief discussion of positive news in the teen pregnancy area. She cited a study of teen mothers 15 years after the birth of their first child: the study showed that a higher proportion of them than expected had held jobs successfully and were relatively well off economically. Participants queried whether the fear of contracting AIDS might reduce premature pregnancies; they observed that the fear of pregnancy, before widespread availability of contraceptives, had discouraged sexual activity among unmarried teens. Ms. Gaspar said that it was to be hoped that the fear of AIDS did not simply lead to an increase in the use of condoms, which are frequently not an effective birth control method

VII. DOCUMENTING PROGRAM OUTCOMES: PREVENTION OF CHILD ABUSE AND NEGLECT: Research Findings

Ms. Gaspar's address was a departure from the agenda. Participants agreed that as there was less time for Dr. Videka-Sherman's session on evaluation, they would forego their small group meetings to hear all of her presentation. Dr. Videka-Sherman's session, which is summarized below, was presented Wednesday afternoon and the following morning. Participants discussed some of the issues raised by Dr. Videka-Sherman in small group meetings Thursday morning, after which she completed her presentation.

Dr. Videka-Sherman's topic was evaluation methodology. She began by saying that realism is the most important feature of an evaluation methodology. Participants should begin designing their evaluation strategies by asking themselves what they are trying to accomplish in their projects and how they can document whether they have accomplished these goals. Their evaluation strategies cannot be implemented successfully unless they answer these questions realistically; participants must be realistic about their ability to implement complex data collection and analysis procedures

Dr. Videka-Sherman had become aware of the pitfalls of overambitious evaluation models during the course of a major review of child abuse and neglect studies she had recently completed. Before describing her review, however, she asked participants to describe some of their past experiences with evaluations and state some advantages and disadvantages of evaluating projects.

A. Advantages and Disadvantages of Evaluating Demonstration Projects

Participants listed the following as possible criteria for evaluating demonstration projects.

- Programs can be replicated more easily.
- Results can be disseminated more easily.
- Subsequent programs can avoid the mistakes of past programs and thus be run more efficiently.
- Programs with clearly documented findings are more marketable; having been evaluated may assist in acquiring funding.

Participants listed the following as reasons why evaluations may not be worthwhile.

- The difficulty in applying statistical methods of evaluation to social service programs may result in inconclusive findings.
- Findings may be negative; a program may, in fact, not be successful.
- Procedures required for a proper evaluation may create resource drains.
- Staff are resistant to evaluations, both because of the added time burden and because they mistrust statistical methods of quantifying their efforts.
- Useful research tools are difficult to find and adapt to individual projects.

- Clients are resistant to the evaluation procedures, which are time consuming and sometimes appear invasive and dehumanizing.

In reply to some of these concerns, Dr. Videka-Sherman stated that she would assist participants during their projects, and she hoped this might lighten the burden of evaluation. She stated that she would also be available to assist participants in designing research tools, and that she would provide some useful standard tools in the course of her presentation.

Several participants had spoken of the difficulty in achieving client cooperation with evaluation needs. One participant had had success with initial client interviews; another found that paying clients for interviews was a good method of ensuring cooperation.

Dr. Videka-Sherman then inquired how many participants are planning to use control groups. Setting up control groups is always a problem in social science evaluation because of the difficulty in isolating and specifying the nature of treatment. It is also difficult to ensure that control and treated groups are identical, given the very complex nature of the forces that affect treatment. She asked that participants whose projects had control groups share information on their procedures with those who did not; and she pointed out that if data collection procedures were standardized enough, projects might, in a sense, serve as control groups for other projects. A participant pointed out that many States, counties and other units are involved in large data collection projects, and that this information can also be useful in comparisons.

B. Research Findings in Child Abuse Prevention

Dr. Videka-Sherman briefly discussed the results of her recent literature review project. Although none of the studies she had reviewed specifically documented a teen parent group, several dealt with infant and prenatal care.

She had found qualified evidence that specific intervention strategies do help prevent child abuse and neglect. Features of successful intervention programs described by Dr. Videka-Sherman are listed below.

- The theory underlying the intervention model is irrelevant as a predictor of effectiveness
- Clear definition, coherent structure and systematization of the intervention are the most important predictors of success
- Clear guidelines for intervention practitioners are important success predictors.

According to Dr. Videka-Sherman, this last point suggests that intervention protocols should be used. The social science tradition has been for practitioners to define intervention individually on an ad hoc basis. This has been found to be less successful than restricting intervention to clearly defined strategies. Dr. Videka-Sherman cited Project 12 Ways. This program includes 12 to 15 components. A family's treatment is tailored by combining appropriate components, not by altering individual components. A participant asked how using such a system can allow for innovation in treatment. Dr. Videka-Sherman replied that methods of presenting treatment can be varied somewhat; for example, components of a project can vary in order. Treatment protocols can be continually redesigned, to incorporate the successes of persons especially successful at intervention.

In addition, use of treatment protocols does not affect how the practitioner sets up a relationship with his or her client. Precisely how these preliminaries contribute to the success of intervention cannot be quantified, but clearly they have some effect

- Goal setting techniques also contribute to the ultimate success of intervention.

These techniques, Dr. Videka-Sherman said, can be individualized as much as desired by tailoring criteria for meeting goals. For example, a teen mother whose established goal is to complete high school might set very specific attendance criteria. Success in meeting these criteria is measurable.

- Another important predictor of success is whether programs enable families to have positive experiences.

Several programs that involved leisure training for parents and their children have had good results. The Small Wonder kit, which some participants are planning to use, has been successful.

- Ecological problems affect the success of programs, as the group had mentioned earlier in its discussion of housing and day care availability

Although the effects of these problems are difficult to quantify, successful programs make every effort possible to control these effects. This means that successful programs do more than refer clients to other services; they provide advocacy and transportation to other services.

- Parent education is a component of many successful programs.

There is some evidence, although it is inconclusive, that parent education alone prevents abusive behavior. Few studies, however, have addressed the problem discussed earlier by Ms Gaspar, that increasing knowledge does not necessarily change behavior.

- Successful programs frequently use group approaches.

Socialization may be especially important for teen parents, Dr. Videka-Sherman noted. By the same token, it may be particularly difficult for these children, a participant remarked. Again, attempts to improve peer relationships must be carefully structured, Dr. Videka-Sherman said.

A participant asked how Dr. Videka-Sherman would rank these predictors of success. She replied that clear definition and coherent program structure were the most important predictors and that the others were roughly equal. She reiterated the importance of ranking goals, and commented that it was appropriate to quantify different kinds of goals: process goals versus client outcome goals and short term versus long-term goals

C. Program Goals: Establishment and Documentation

Dr. Videka-Sherman led the participants in a discussion of their individual program goals and possible ways to measure these goals. Each of these goals and the groups' discussion of it are summarized below.

Promoting positive parenting experiences and teaching parenting skills is a very common goal of participants' projects. Participants had defined skills in intimate care of infants and skills in child management and discipline. Advancing skill in intimate care and knowledge is fairly easy to define and observe, participants remarked. The health and grooming of an infant are easy to observe and measure and health statistics are easily collected; child management skills, however, are more difficult to quantify. One participant had defined appropriate parenting behaviors according to the age of the child. Dr. Videka-Sherman remarked that this might be especially valuable in promoting a common understanding of good child management among the staff of the project.

Observation of positive mother and child interaction was mentioned by a participant as a technique of quantifying success in promoting positive parenting attitudes. Participants mentioned different scales they had used to define and measure mother and child interaction. Items measured had included passive behavior and directive commands given by the mother. Dr. Videka-Sherman mentioned one drawback of observation as an evaluative technique. As abuse behavior is a private behavior, observation of public mother and child inter-action may be a poor abuse predictor. A participant

pointed out the benefits of using techniques that observe an infant's behavior rather than her parents', as presumably infants are less capable of adjusting their reactions to their situations.

Dr. Videka-Sherman stated that the important tasks in designing measurements of parenting skills and attitudes are identifying the behavior to be reinforced and determining how to measure the behavior. She also mentioned the usefulness of single subject design and presented the group with some useful scales for measuring infant development.

In connection with the goal of prevention of abuse, the group discussed problems of documentation. Dr. Videka-Sherman pointed out that as abuse was more observable in some contexts, there might be problems in comparing different programs' results. The State register is the source most commonly used to determine whether a family has been involved in child abuse, and this source is more likely to report abuse in families who are under surveillance by State authorities for any reason. Abuse is a rarely reported event, and it is not always possible to distinguish volitional abuse from the effects of poverty on a family. For these reasons, Dr. Videka-Sherman suggested that participants use the Milner Child Abuse Potential (CAPI) scale. She also suggested that participants use the Coopersmith Self-Esteem Inventory, as increasing client self-esteem was a goal in many projects and low self-esteem is thought to be associated with the potential for child abuse.

VIII. REALISTIC EVALUATION STRATEGIES

On November 20, Dr. Videka-Sherman opened the conference with a brief discussion of the evaluation scales she had presented to participants the previous day. The Coopersmith Self-Esteem Inventory will be especially useful as it is designed to be used by children and adolescents. In addition, it can be used as an outcome indicator for those who are attempting to quantify achievement of a goal of increasing self-esteem. As

the scoring reflects national norms, rather than demographically matched groups, she noted that it may not be an accurate indicator for minority groups

According to Dr. Videka-Sherman, the instrument is used as follows. Participants are directed to score each statement "like me" or "unlike me." One point is scored for each positive answer. A high score corresponds with high self-esteem and a low score signifies low self-esteem. The appearance of anonymity is highly desirable in administering this instrument, to decrease any threat clients may feel the test represents. It is also wise not to administer the test in a classroom atmosphere, as this can quickly lead clients to lose interest and trust in the project.

Privacy is important in administering this kind of instrument; the administrator must use judgment about the quality of the data being obtained when privacy is not available. Dr. Videka-Sherman suggested that the test be administered systematically, perhaps at the beginning and at regular intervals throughout the project. A sample of less than 25 is probably statistically unreliable.

Dr. Videka-Sherman said that both the CAPI scale and the Coopersmith scales have been translated into Spanish and she would try to provide the norms for Hispanics to any participant that required them. A participant inquired how the Rosenberg self-esteem scale compared with the Coopersmith scale. Dr. Videka-Sherman replied that the Coopersmith scale uses adolescent norms, and that generally calls forth more variation in responses.

The group was next introduced to the KIDS Infant Development scale. This scale is a recognized alternative to the Bayley infant development scale. It contains 252 items, is targeted to children from birth to one year, and can be used by the mother or primary caregiver (making it less expensive than the Bayley, which requires trained personnel.) It has a very high rate of correlation (.09) with the Bayley, and is preferable to the Denver

Development Test, which is insensitive to certain minor delays that are picked up by the Bayley and KIDS scales. The accuracy of the KIDS scale depends on the observational skills of the mother, but the test can be used for children six months and older, which is a valuable feature.

The Griffith scale is another acceptable instrument for testing cognitive, motor and social adaptation development of children two to four years old. Dr. Videka-Sherman said she would research instruments for testing this age group and contact participants with whatever she discovered.

IX. DOCUMENTING PROGRAM OUTCOMES

The group discussed these scales and other evaluation questions in small groups. When they returned, Dr. Videka-Sherman led the full group in a continued discussion of evaluation methodology. Several participants wondered whether they were required to use these scales. Dr. Videka-Sherman replied that NCCAN did not require participants to use any particular methodology; these were simply recommended. Participants who had evaluation instruments already in place were not being urged to scrap them. She listed some features by which NCCAN would determine the acceptability of a program evaluation. At the minimum, program accomplishment should be systematically documented in some fashion. A control group is not required. Changes in client status in some targeted area should be documented; some sort of pre- and post- intervention observation should be done.

A participant requested information on scales measuring parenting attitudes. Several participants were aware of such measures (the Caldwell Home Environment scale was mentioned) or had developed their own; Dr. Videka-Sherman asked participants to send her information on these scales, which she would then disseminate.

A participant said that she might wish to alter the scope of her project as stated in her grant in light of Dr. Videka-Sherman's emphasis on realism in evaluation and goal-setting activities. She wondered whether this would be possible. Ms. Kirby-Gell said that modifications are possible, and participants should approach her individually to discuss them. It was also emphasized that each grantee must designate a person to coordinate the evaluation at the site. Ms. Kirby-Gell and Dr. Videka-Sherman would contact this person with evaluation questions and information.

The group then discussed some of the administrative problems of evaluation. Personnel, time and funding limitations were the principal problems cited. Participants suggested several remedies: using outside data collectors, particularly students of social work or research methodology, and automating data storage and analysis (many participants have microcomputers on site that can be used in automation) Dr. Videka-Sherman said she would look into useful software programs. It was also suggested that administrative procedures be automated, as such procedures are important in evaluating service delivery. A participant mentioned that data analysis should take program differences into consideration, there are difficulties in comparing programs with different service populations.

Dr. Videka-Sherman closed her presentation by reminding participants to exchange evaluation information among themselves as much as possible.

X. MATERNAL AND CHILD HEALTH RESOURCES

Juanita Evans, Chief, Social Work Consultants, Public Health Service (PHS), spoke to participants on how their programs could interface with relevant programs of the PHS. She briefly outlined the history of the Bureau of Maternal and Child Health of the PHS. It originated from Title V of the formula grants of the 1935 Social Security Legislation, which emphasized service to economically disadvantaged and rural populations. (Ms. Evans remarked that migrant populations still need special attention in the areas

of teen parenthood and child abuse prevention.) This program recently celebrated its 50th anniversary and has an unusually long and rich history for a program in the social welfare field. Ms Evans offered the assistance of the consultants in her group for medical information that might be useful to participants. She also provided participants with a list of state MCH and CCS directors. Head offices of States will be especially useful in providing information particular to States, regional head offices are likely to have data accumulated at the regional level.

Ms. Evans stated that these contacts will be most useful in providing information and referrals: they are principally coordinators of training programs rather than direct service providers. Several participants had found these individuals useful in the past, especially in bringing national attention to programs, problems, and problem solutions. Ms. Evans gave participants the name of a contact person (Janice Berger, 202 625-8410) at the Maternal and Child Health Clearinghouse, which has a great deal of valuable material. A catalog is also available.

XI. GRANTS MANAGEMENT

The conference continued Thursday afternoon with a seminar on grants management presented by William J. McCarron, Chief of the Discretionary Grants Management Branch of HDS, and his staff.

Mr. McCarron opened the presentation by remarking that many of the best programs have financial management problems from time to time, and that seminars such as this are designed to avoid those problems by helping grantees become aware of requirements and plan in advance. Mr. McCarron then introduced his staff, referring participants to the list of grant assignments in the folder presented to them. The list shows the grant specialist assigned to each participant.

Bettye Eley explained the continuation grants application process and described how competing and non-competing grants differ. She referred to the portion of the Federal Register, Vol. 47, No. 195, Thursday, October 7, 1982, enclosed in the folder for definition of competing and non-competing continuations. She explained how budget and project periods are determined and described the deadlines for receiving the continuation kit and for processing and submitting applications. She stressed that grantees should check the date given in their grant letter to determine the start date of their funding.

Adele Daughtry explained the technical review process. She gave a line-by-line explanation of the technical review and detailed budget analysis form found in the folder. A participant asked how to correct errors in the budget she had submitted in her proposal. Ms. Daughtry explained the change process and when it was necessary

Margaret Hammond explained indirect costs and matching requirements. Few participants had submitted indirect cost budgets. Ms. Hammond stressed that it was advisable to report a matching share every quarter to avoid fund imbalances at the end of projects. She stated that matching amounts did not have to be cash, but could be donated cash or equipment. Dorothy Ashwood described budget revision and prior approval requirements in the monitoring process. She referred participants to the enclosure, "Prior Approval Requirements for HDS Discretionary Grant Activities," which she explained line by line. She also referred participants to the budget samples in the folder and explained their use.

Lois Hodge explained reporting requirements and close-outs. She referred participants to the material in the folder dealing with quarterly reporting and terminations. Discussion following this presentation centered on no-cost extensions, which many participants feared they would be required to seek as they had received their grants late. Ms. Kirby-Gell said that this would not be necessary. Instead, participants' project periods would be

defined differently to avoid the necessity of seeking such extensions. This will be discussed at the Spring meeting.

XII. RESOURCES, NETWORKING AND COALITION BUILDING

The conference continued with a panel discussion. Panelists represented three coalition groups in Washington, D. C., and the discussion centered on techniques of coalition building.

A. Healthy Mothers, Healthy Babies

Lori Cooper, Executive Director of the Healthy Mothers, Healthy Babies Coalition, opened the discussion. The goal of this national coalition of 87 organizations is to promote public awareness of women's prenatal health needs, with special emphasis on the needs of low-income women. The magnitude of the task is seen in the following statistics.

- Two billion dollars is spent per year in promoting the sale of alcoholic beverages in the U. S.
- Seven percent of the U. S. population eats at least one meal per day at McDonalds¹.
- Two million teenagers begin smoking every day.

To qualify for membership in Healthy Mothers, Healthy Babies, organizations must have a national scope and 501 C3 status, and sponsor programs with an emphasis on maternal health.

Ms. Cooper described a few of the programs of her coalition. A subcommittee had worked with research done by the Health Message Testing Service of the government to determine the effectiveness of its posters and cards promoting prevention techniques, (samples of which were available to participants) They had determined, in working on messages designed to encourage women to give up smoking, that increase in self-esteem is a more effective persuader than guilt.

Ms. Cooper described some of the other activities her organization is participating in.

- The subcommittee on breast feeding had developed a packet that encourages breast feeding, that is to be distributed at hospitals.
- A nutrition subcommittee had developed materials on nutrition.
- The subcommittee on lower-income women had developed a compendium of ways to reach lower-income women. The committee had great hopes for a Sunday magazine supplement it had developed.
- The genetics subcommittee had done work on screening for heritable diseases such as sickle cell anemia.
- The oral health subcommittee had developed informational material about bottle caries.
- The organization was involved in community coalition building, development of educational resources, efforts to involve women in the community health care system and lobbying activities. Much of the material developed by the coalition was designed to be distributed through health care providers; Ms. Cooper exhibited a food wheel designed to teach good nutritional habits.

Ms. Cooper closed with a few words on coalition building. Such attempts should begin with a thorough needs assessment. Strategies should also be assessed before implementation. Also, neutrality was important; there are many historical grudges between organizations, the reasons for which are known only to a few people. Coalition builders should avoid participating in such feuds. Modesty, humor and tolerance are important qualities for the coalition builder.

B. National Organization on Adolescent Pregnancy and Parenting

Sharon Rodine, National Organization on Adolescent Pregnancy and Parenting (NOAPP), spoke next. The NOAPP is a national membership-based resource sharing network. Its basic goal is to increase public awareness of problems of teen pregnancy and parenting. Ms. Rodine provided participants with a

sample of the NOAPP newsletter and mentioned the 1987 NOAPP conference in San Francisco next year.

Ms. Rodine spoke briefly on coalitions and networking. She stated that the most important reason for these activities is to avoid duplication of efforts, as everyone's ultimate goal is the most efficient service delivery. A few techniques she found useful in coalition building follow.

- Scheduling of a planning retreat for staff. Making sure that staff are well-versed in the goals and activities of their project helps ensure that the community has accurate knowledge of the program.
- Project leaders should be involved in public relations for their projects. Grassroots public relations efforts are often more effective than buying advertising.
- Community representatives newly involved in projects must be allowed to take the lead, there is sometimes resentment from organizations that have been dealing with particular problems for a long time when these problems become fashionable and are "taken over" by the media or new organizations.
- Constant attention must be paid to funding. Many programs and coalitions come to an end when their original source of funding is removed. Ms. Rodine described the resources of the D.C. Foundation Center, which has a funding library. (The Center is located at 1001 Connecticut Ave., Washington, D.C. 1-(800)424-9836) Ms. Rodine also recommended Grassroots Fundraising, by Joan Flanagan, and Ms. Flanagan's book on volunteer organizations, for information on funding and tax status of organizations.
- Another recommendation was to use available community volunteer organizations in addition to nationwide organizations such as the Junior League and the YMCA that supply volunteers and training.

Ms. Rodine closed by reminding participants to build a support network for themselves. The stresses of program management and evaluation and the stress inherent in the social work field itself lead all too often to burnout, which creates very serious resource drains.

C. American College of Obstetrics and Gynecology

Jan Chapin, Administrator, Committee on Adolescent Health Care, American College of Obstetrics and Gynecology (ACOG) gave the final presentation in this portion of the conference. ACOG, representing 26,000 doctors, has a longstanding interest in the problem of teen pregnancy. Although ACOG is a medical organization, it has always attempted to place the problem in a general social context. ACOG therefore stresses the value of involving health care professionals in community-based service projects. Participants mentioned their difficulties in persuading doctors to assist them in an advisory role. Ms. Chapin said she was aware of this problem and offered to provide the names of ACOG state presidents who could refer participants to doctors who might be willing to assist them.

ACOG focusses on two aspects of the adolescent pregnancy problem: prevention and prenatal care of teen mothers. Ms. Chapin mentioned a study showing that low birthweight of babies born to teen mothers is the result of poor or non-existent prenatal care and not necessarily a problem inherent in the reproductive capabilities of adolescent mothers. ACOG sponsors regional perinatal clinics and special programs.

Several participants mentioned the difficulty they had in securing medical attention for the teen girls in their programs. Problems with the Medicaid system were mentioned as a particular service barrier. Ms. Chapin said her committee was aware of this problem and was working on it; she pointed out that many obstetricians and gynecologists would not do any deliveries because of insurance problems. Options that had been suggested by members of her committee were:

- Having no AFDC requirement for Medicaid.
- Having Medicaid eligibility forms available in doctors' offices and ensuring that doctors are paid regardless of the eventual outcome of the application.

Ms Chapin remarked that these are options that must be chosen by the State, i e., legislated. She went on to say that ACOG also provides educational services and showed participants a patient education manual produced by ACOG.

D. Group Discussion

The group then discussed some of the issues brought up in the panel's presentation. A participant said that she found much of the pregnancy and childbirth information provided to unmarried teen mothers essentially negative, which she thought might produce negative attitudes toward parenting that would carry over into the life of the mother with her child, possibly promoting abuse. She asked for pointers on how to help teen mothers take a positive attitude toward parenting. Ms. Cooper answered that any message to teen mothers should concentrate on making them aware of their responsibility for themselves and their children. Once a teen mother's child is born, she has made her choice on parenthood. Society provides positive reinforcement that may encourage girls to make this choice; witness the voluntary nature of many teen pregnancies and births. Society does not provide enough support to assist single teen girls in their parenting task -- a family planning message may be very appropriate for the new teen mother.

Another participant suggested using nurses in advisory capacities, given the difficulty many participants had experienced in finding doctors to serve on advisory boards. Several participants also suggested using pediatricians or general practitioners if obstetricians and gynecologists are not available.

A participant asked if any of the panelists were aware of resources that might assist with the critical shortages of housing and day care. Ms. Rodine said she had some information on day care that she would provide to interested participants.

Before the next presentation, the group briefly discussed curricula they had found useful. The following curricula were mentioned:

- Headstart, Exploring Parenthood, available from Dr. Richard Johnson, Headstart, Parent Involvement Services, Box 1182, Washington D C., 20013 A participant mentioned that Headstart has good programs for those working with migrant teens.
- You and Your Baby . A curriculum for single mothers, with a very strong health component. For the parenting, not the expectant, single mother
- Middle of the Night. Very graphic, picture oriented. For the hearing-impaired, might be useful for the subliterate. Available from MELD, 123 N. 3rd Street, Minn., MN.
- In addition, the International Childbirth Education association, (ICEA) has good programs in understanding labor, for clients with low literary skills; the Red Cross offers babysitting and parenting classes and the University of Texas at El Paso has a videotape series a participant had found very useful.

The ACYF representatives suggested that they might print sets of participants' addresses on labels and send a set to all participants. They also might include a label with the clearinghouse's address to aid in exchanging information of this sort.

Ms. Howerton also discussed possible interpretations of the new anti-drug abuse legislation, the Drug Enforcement Act of October 27, 1986. This Act allocates funds to adolescents that are at risk of drug addiction, which includes dropouts, the unemployed and teen parents. The Act requires States to provide food stamps and AFDC to persons without a fixed address; it may assist in remedying some of the problems of homelessness and lack of medical care that have been noted in the conference. The ACYF representatives will watch how this law is interpreted, note any advocacy movements that might influence interpretation, and inform participants.

XIII. PREVENTION AND THE TEEN-AGED PARENT

Dr. Frederick C. Green of the National Advisory Board on Child Abuse and Neglect (NABCAN) began his presentation by describing the genesis of the Children's Bureau, the forerunner of NABCAN, in the advocacy movements of

the 1960s that dealt with such problems as automatic expulsion of pregnant teen girls from school. He went on to discuss some of the important considerations involved in operating programs for prevention of child abuse, especially for the teen parent.

Dr. Green emphasized that it is especially important to identify the group at risk, rather than waiting for abuse to take place and dealing with abusive parents through referrals. Community outreach is essential and must reach children at risk on their own ground; schools, streets, basketball courts.

Grantees must exercise imaginative sympathy with their clients in other ways. Participants must remember that they are dealing with extremely young people. Children are sexually active at much younger ages than in the past. He said that although the best age for childbearing is five years after the menarche, public health doctors are seeing more and more pregnant girls under the age of 15. The health risks of these very young pregnancies are well-known; the psychological condition of these children must be understood also. Young children have myths of contraception and childbirth of which participants must become aware. These myths are important to them; they represent the only available answers to their questions on reproduction. Becoming aware of these false notions and persuading children that they are false is a necessary preliminary to instilling a correct understanding of reproductive facts.

According to Dr. Green, parenting education is important in preventing teen parents from abusing their children. The most important thing parenting education can do is provide realistic expectations of child development to teen parents. Many of these children have not had responsibility for younger siblings or seen competent parenting themselves, as they are the children of broken homes. Dr. Green mentioned a survey of expectant teen parents in which a high proportion of respondents stated that the average age at which a child was toilet trained was six months. Clearly this sort of expectation can lead to abuse, as it will inevitably not be met. He said

that child development education was needed in schools, but that political problems, i. e., associating such classes with sex education, had made this difficult in some places.

Participants must also be aware of cultural variations in child rearing that may lead to parents being reported as abusers who are in fact demonstrating the child rearing patterns of their cultures. This is a special concern given the large numbers of newly arrived immigrants in some parts of the country.

Also mentioned were the problems of handicapped children and abuse. The formula for abuse is special parent plus special child plus crisis plus acceptance of corporal punishment. This problem may be alleviated to a certain extent by better pregnancy outcomes if teen mothers can get better prenatal care. It is also essential that teen mothers be taught how to access the welfare system, so that inexperienced mothers will not be required to do particularly difficult tasks alone, tasks such as caring for handicapped children.

Dr. Green noted that participants must bear in mind that they may have to act as advocates for clients dealing with State agencies. Public health clinics, for example, are frequently badly staffed or staffed by very inexperienced doctors. Participants must remember that the teen parent is frequently a victim of abuse or exploitation, sometimes perpetrated by agents of the state. Certain intrusions into childrens' lives and lack of respect for their dignity as persons constitute a form of abuse, and these intrusions are all too common in the welfare system.

Dr. Green reminded participants that not all abuse is physical and briefly defined emotional abuse. Excessive and aggressive parental behavior, placing unreasonable demands on children to perform above their abilities, rejection, ignoring children, terrorizing children, isolating children from their peers, and exposing children to corrupting behavior can all be emotional abuse.

This sort of abuse needs to be documented, but Dr. Green also reminded participants of the importance of keeping objective records of suspected abuse, in case participants should be subject to subpoena in child abuse cases.

In summary, Dr. Green reemphasized the importance of preventive programming, as opposed to dealing with abuse incidents post facto. A short question and answer period followed his presentation. He spoke briefly to the issue of day care, reminding participants that many authorities had medical reservations about the advisability of caring for infants in groups. He stated that extremely clean conditions were necessary, and that infant care providers on the whole were unfortunately extremely underpaid.

XIV. CLOSING REMARKS

The conference closed after a short discussion of some business matters. Participants discussed the best time for the spring meeting. ACYF representatives mentioned that an outline for participants' quarterly reports would be developed at that meeting. Participants thought that budgeting would be a good topic for the next meeting, and that more small group discussions would be useful. Participants also stated that they would like to discuss sources for future funding at the next meeting.

The ACYF representatives endorsed this last suggestion. It brought them to their final point. Throughout the conference, participants had discussed a multitude of evaluation techniques, quantitative and qualitative. One important measure of success had not been mentioned: whether a project can so impress its community that it becomes institutionalized. ACYF hoped this would happen to all participants' projects, as they were all worthy of being extended beyond 24 months.

APPENDICES

APPENDIX 1
PARTICIPANT LIST

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TEEN PARENT MEETING
NOVEMBER 18--21, 1986
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APPENDIX 2
PROJECT GRANTEES

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APPENDIX 3

AGENDA

CHILDREN'S BUREAU
TEENAGE PARENT PROJECTS GRANTEE MEETING
NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

Dupont Plaza Hotel
Washington, D.C.
November 18 - November 21, 1986

AGENDA

TUESDAY, NOVEMBER 18, 1986

12:45-1:15	p.m.	REGISTRATION	DUPONT FOYER
1:15-1:30	p.m.	WELCOME AND INTRODUCTIONS Jane N. Burnley, Ph.D. Associate Commissioner Children's Bureau Administration for Children, Youth & Families	DUPONT ROOM
1:30-2:00	p.m.	PERSPECTIVES FOR THE 1990s Joseph Mottola Deputy Commissioner Administration for Children, Youth & Families	
2:00-3:00	p.m.	WORKING TOGETHER TO PROTECT CHILDREN Jane N. Burnley, Ph.D.	
3:00-3:15	p.m.	BREAK	DUPONT FOYER
3:15-4:15	p.m.	CONFERENCE GOALS AND EXPECTATIONS Josephine Reifsnyder, NCCAN Jan Kirby-Gell, NCCAN	DUPONT ROOM
4:15-5:00	p.m.	INTRODUCTION TO WORK GROUPS Helen V. Howerton Director National Center on Child Abuse and Neglect	

5:30-7:00 p.m. VIDEO PRESENTATION AND DISCUSSION PLAZA ROOM

"Teen Father," ABC Special
"Woman/Child -- The Problems of Teen-Aged
Parents," March of Dimes

WEDNESDAY, NOVEMBER 19, 1986

8:30-8:45 a.m. COFFEE DUPONT FOYER

8:45-9:00 a.m. PLENARY SESSION DUPONT ROOM

9:00-11:00 a.m. WORKGROUPS

Group I: Hospital/Health Organization . DUPONT ROOM

1. St. Luke's Hospital
2. United Health Services
3. New York State Health Department
4. University of Oklahoma Health Sciences
5. Indian Committee on Health
6. Hispanic Health Council
7. Trustee of Health and Hospitals
8. Payne County Health
9. St. Mary's Medical Center

FACILITATOR: Helen Howerton

Group II: County/Coordinating/Service
Improvement PLAZA ROOM

1. Michigan Social Services-St. Clair County
2. San Antonio Coalition
3. Washington Alliance School-Aged
4. Co-op Education Services
5. Human Development Research
6. Department of Social Services-Genessee
7. University of Arkansas
8. City of Chicago
9. Maryland Department of Social Services
10. Governor's Office-Mississippi

FACILITATOR: Jan Kirby-Gell

Group III: Community-Based or
Private Agency

GALLERY ROOM

1. Board of County Commissioners
2. Children's Aid Society
3. YWCA - Portland, Oregon
4. Portland, Maine West Neighborhood
5. Peachbelt Mental Health
6. MELD
7. Massachusetts Society for Prevention
8. Oakwood College
9. Dominican Sisters
10. Cantalician Foundation

FACILITATOR: Josephine Reifsnnyder

11:00-12:30 p.m. REPORTS FROM SMALL GROUPS DUPONT ROOM

12:30-2.00 p.m. LUNCH

2:00-3:00 p.m. DOCUMENTING PROGRAM OUTCOMES DUPONT ROOM

Prevention of Child Abuse and Neglect:
Research Findings

Lynn Videka-Sherman, Ph D.
State University of New York
Department of Social Welfare
Albany, New York

3:00-4:00 p.m. SMALL GROUP EXERCISE: DEFINING AND
PRIORITIZING PROGRAM GOALS

Groups 1 and 2
Groups 3 and 4
Group 5
Group 6

DUPONT ROOM
PLAZA ROOM
GALLERY ROOM
ROOM 418

4:00-4:30 p.m. FEEDBACK FROM SMALL GROUPS DUPONT ROOM

4:30-5:00 p.m. TOOLS FOR MEASURING PROGRAM IMPACT

Lynn Videka-Sherman, Ph.D.

THURSDAY, NOVEMBER 20, 1986

8:30-8:45 a.m.	COFFEE	DUPONT FOYER
8:45-9:15 a.m.	PLENARY SESSION Realistic Evaluation Strategies Lynn Videka-Sherman, Ph.D.	DUPONT ROOM
9:15-11:00 a.m.	SMALL GROUP EXERCISE: PLANNING FOR EVALUATION Groups 1 and 2 Groups 3 and 4 Group 5 Group 6	DUPONT ROOM PLAZA ROOM GALLERY ROOM ROOM 418
11:00-11.45 a.m.	IMPLEMENTING EVALUATION PLANS: IDENTIFYING NEXT STEPS AND DEVELOPING A COMMUNICATION NETWORK Lynn Videka-Sherman, Ph.D.	DUPONT ROOM
11:45-12:30 p.m.	MATERNAL AND CHILD HEALTH RESOURCES Juanita Evans Chief, Social Work Consultants Public Health Service/DHHS	
12:30-1:30 p.m.	LUNCH	
1:30-2:45 p.m.	GRANTS MANAGEMENT William J. McCarron, Chief Discretionary Grants Management Branch Office of Human Development Services Mary White Grants Officer Office of Human Development Services Grants Management Staff Office of Human Development Services	DUPONT ROOM

2:45-3:00 p.m. BREAK DUPONT FOYER

3:00-5:00 p.m. RESOURCES, NETWORKING AND
COALITION BUILDING DUPONT ROOM

PANEL DISCUSSION

Helen Howerton, Chair

Panel Members

Lori Cooper, Executive Director
Healthy Mothers Healthy Babies
Coalition
Washington, D.C.

Sharon Rodine, Executive Director
National Organization on Adolescent
Pregnancy and Parenting
Washington, D.C.

Jan Chapin, Administrator
Committee on Adolescent Health Care
American College of Obstetrics and
Gynecology
Washington, D.C.

FRIDAY, NOVEMBER 21, 1986

8:30-9:00 a.m. COFFEE DUPONT FOYER

9:00-11:00 a.m. PREVENTION AND THE TEEN-AGED PARENT DUPONT ROOM

Presentation and Discussion by

Frederick C. Green, M.D.
National Advisory Board on
Child Abuse and Neglect

11:00-11:30 a.m. CLOSING REMARKS

APPENDIX 4
LIST OF MATERIALS

TEEN PARENT MEETING

HANDOUTS

1. Booklet entitled, Middle of the Night Baby Book, Nancy Belbas, M.S., M.S.W., Julienne Smelinder, M.A. and Mary Kay Stranik, R.N., M.S.
2. The Ford Supplement Prenatal and Post Partum Curriculum for MYM Groups, MELD.
3. Booklet entitled, Feeding your Child After Five Months Old, MELD.
4. Booklet entitled, Child Abuse and Neglect, Trainer's Curriculum Manual, Michigan Department of Social Services.
5. Booklet entitled, Safe Child, MELD.
6. Booklet entitled, Emergencies, MELD.
7. Booklet entitled, Beginnings...Your Baby's Story, MELD.
8. Booklet entitled, Healthy Child, Sick Child, MELD.
9. Booklet entitled, Children Having Children: Making a Difference, Washington Alliance Concerned with School Aged Parents.
10. Booklet entitled, Serving the Nation's Children and Families, U.S. Department of Health and Human Services, Administration for Children, Youth and Families.

11. Television Production Kit entitled, "Healthy Mothers, Healthy Babies: Making Choices."
12. Directory of Educational Materials, 3rd Edition entitled, "Healthy Mothers' Coalition."
13. Publication entitled, Child Abuse and Neglect: A Selected Annotated Bibliography on Black Families. National Center on Child Abuse and Neglect, Children Bureau, Office of Child Development and U.S. Department of Health, Education and Welfare.
14. Booklet entitled, Children Today, September-October, 1986 Issue Volume 15 Number 5, U.S. Department of Health and Human Services, Office of Human Development Services.
15. Post Card entitled, "Breast Feeding is Good for Your Baby-Good for You."
16. Federal Register Part III, Volume 51, No. 189 September 30, 1986, U.S. Department of Health and Human Services.
17. Paper entitled, Parents Aides Working to Combat Child Abuse and Neglect: An Analysis, Center on Child Abuse and Neglect.
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