



**Effectively Engaging and
Understanding Teen Parents
and the Services
Available to Support this
Population**

Teen Parent Data

Monroe County

NY has the 3rd highest number of teen pregnancies in U.S.
4 of the 8 zip codes in NY with the highest teen birth rates are within Rochester.

18% of all Monroe County births are to teen mothers

In 2009, 592 children were born in Rochester to teen mothers under 19 years old, 130 were repeat births

In 2014, these children will fill 30 kindergarten classrooms.

The estimated increased costs of children born to teen parents in just one year is \$16,592,000.00 (health care, foster care, public assistance and incarceration).

Impact of Teen Parenting

- 41.8% of children are living in poverty in Rochester compared to 18 % of children in the U.S. : 11th highest nationwide.
 - Teen mothers earn an average of only \$5,600 per year .
 - Over 80% pregnant and parenting teens in Rochester on public assistance
 - Over 300 homeless teen mothers enter shelters with their children each year
 - Many teen mothers do not complete high school
 - About ¼ of teen mothers have a second baby within 2 years .
 - Mothers 16 -24 experience the highest rates of domestic violence
 - Teen parents commonly have histories of trauma
 - Unaddressed mental health issues.
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- The cycle of teen pregnancy is generation as the daughters/sons of teen mothers are 3x's more likely to become teen mothers.

Risk Factors Identified in Teen Parents

46% report domestic violence within their current relationship

27 % note depressive symptoms

70% have reported history of child maltreatment with 35% having an indicated CPS report as a child

62% report a history of sexual abuse

15% acknowledge substance abuse concerns



Home Visitation as the Most Effective Intervention and Support

Home Visitation

“Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies and young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.”



Evidence Based Home Visitation Models Available in NYS

- Intensive/Individualized Support to Ameliorate Risk Factors
- Research Based
- Nationally Recognized
- 8 EBHV Models ; 6 in NY

Proven Outcomes for EBHV

- Improved prenatal health
- Fewer CPS reports /foster care placements
- Decreases in physical abuse
- Fewer childhood injuries.
- Increased positive parenting
- Reductions in low birth weight deliveries
- Children's improved cognitive and language development.
- Earlier identification of developmental delays
- Improvement in children's readiness for school
- Improvement in parents engagement in their children's education
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved maternal educational success

Parents as Teachers

Teaches parents how to identify their children's developmental needs and the skills to address these needs themselves.

Primary focus on reducing behaviors and/or conditions that contribute to child abuse/neglect and foster care placement.

A secondary focus is on improving prenatal, health, and developmental outcomes for at-risk children.

PAT can remain active with a family until the youngest starts kindergarten.

Services Include:

- Development Screenings using Ages and Stages Questionnaires
- Continual assessment of the child's ability to meet developmental milestones
- Home visit activities designed to teach parents how to stimulate and strengthen their child's development
- Group support

There are 56 PAT sites throughout NYS.

Nurse Family Partnership (NFP)

- NFP serves at-risk first-time mothers. Home visits are conducted by trained registered nurses on average 2x's per month during pregnancy and until the infant's second birthday.
- Helps families improve maternal and child health, build a secure and nurturing relationship between parent and child, and reach education and employment goals.
- Focus on personal health, environmental health, quality of care-giving for the child, maternal life-course development, social networks, and health and human service utilization.
- There are 3 NFP programs in NY implemented by the Monroe County Health Department (Rochester), Onondaga County Health Department (Syracuse), and New York City Department of Health and Mental Hygiene (Bronx, Brooklyn, Manhattan, Queens, and Staten Island, and a targeted city wide initiative) in targeted high-risk communities.



Child –Parent Psychotherapy

- ❖ Typically one year in length (1 hour weekly sessions), that focus on strengthening the parent-child relationship
- ❖ Dyadic sessions held with parent & child, occasional individual sessions
- ❖ Allows the parent & child to gain a better understanding of one another
- ❖ Builds appropriate parental responses to child's emotional expression
- ❖ Allows parent to be viewed as a secure base for the child
- ❖ Helps the parent gain an understanding of their childhood relationship experiences & the impact on current relationships
- ❖ One program in Rochester

Healthy Families New York

- HFNY targets expectant parents and parents with infants less than 3 months of age at high-risk for child abuse and neglect.
- Families are screened and assessed for risk factors of child abuse and neglect.
- Prioritizes services to low income, single parents with a history of child abuse/child welfare services, substance abuse, late/no prenatal care, mental issues, and domestic violence.
- Home visits from pregnancy until enrollment in school with declining frequency as family progresses by trained paraprofessionals who are reflective of the communities they serve.
- Home visitors provide families with support, education and referrals.
- Goals of promoting positive parenting skills and parent-child interaction, preventing child abuse and neglect, ensuring optimal prenatal care and child health and development, and increasing parents' self sufficiency.
- The program currently operates 37 programs in 44 sites throughout NYS, and is present in 20 counties and the 5 boroughs of NYC.

Parent Child Home Program (PCHP)

Prepares young children for school by increasing language and literacy skills, enhancing social-emotional development and strengthening the parent-child relationship.

Targets families with 2 and 3 year olds who face multiple obstacles to educational and economic success and prioritizes its services to low-income high risk families with limited parental education levels

PCHP home visitors are trained paraprofessionals.

Families receive twice-weekly visits for at least 92 home visits in 2 years

Link families to early intervention, social and community services, and the next appropriate educational step for the child, such as pre-kindergarten and Head Start.

The program operates in 32 sites in NY

Home Instruction for Parents of Preschool Youngster

Purpose is to help parents become successful first teachers to prepare their children for kindergarten.

HIPPY prioritizes high risk low income, single parent families with a history of child abuse.

Families must have a child 3-5 and be willing to spend at least 15 to 20 minutes a day, five days a week engaging the child in literacy skills development activities .

Weekly visits by trained paraprofessional parent educators .

The HIPPY curriculum is administered by parents who are trained by the parent educators over a 30-week period.



Additional Supportive Programs in NY State

Early Head Start

Serves low-income pregnant families with children 0 - 3.

Promotes healthy prenatal outcomes, enhances the development of infants and toddlers, and promotes family functioning.

Weekly home visits provide information on parenting, health, and child development.

Families referred to community services and provided with social supports.

Services generally fall into one of three program approaches, home-based, center-based, or mixed approach combining both home and center based.

There are 64 EHS programs serving NY.



Head Start

Provides comprehensive child development , health and educational services to low-income children, their families, and communities

Engages parents in their children's learning.

Helps preschoolers develop early reading and math skills for school success.

Promote school readiness by enhancing the social-emotional and cognitive development of children.

Each HS program conducts a community needs assessment to determine which services best fit the needs of families in the community.

HS programs can be: center-based, with children enrolled in classroom settings; home based in which staff work directly with children and parents in the home family child care in which services are provided in a child care setting; or, a combination.

There are 178 Head Start sites in NYS.

Healthy Start

Goals are to:

- 1.Reduce racial and ethnic disparities in access to and utilization of health services
- 2.Improve the local health care system
- 3.Increase consumer participation in health care decisions.

Provide outreach, case management, health education, perinatal depression screening and referral, and interconceptional care

There are 5 HS programs in NY (Rochester, (Perinatal Network) Onondaga, Central Harlem, Brooklyn, and Queens/Nassau/Suffolk). Three of NY's HS programs use home visiting/case management strategies to manage the care of pregnant and parenting women.

Community Health Worker Program

Focus on getting Medicaid-eligible pregnant women into prenatal care as well as primary and preventive health care services.

Services are provided by trained paraprofessional Community Health Workers supervised by a nurse or social worker

Creates a bridge between health, social and community services and the underserved and hard-to-reach populations.

Provide health education, referrals and support in navigating services.

Provide outreach, education and monthly home visits during pregnancy through 1st birthday.

Goal is for families to develop the skills and resources to improve their health status and family functioning to move towards self-sufficiency.

Currently operates in 23 sites throughout NY.



Evidence Based Home Visitation Programs within Monroe County

Nurse Family Partnership

Each mother is partnered with a registered nurse by 28th week of her pregnancy and receives ongoing nurse home visits that continue through her child's 2nd birthday.

Implemented by the MCDPH

12 nurses and 2 nurse supervisors

Serves approximately 250-275 clients a year.

Goals

Improve pregnancy outcomes

Improve child health and development

Improve economic self-sufficiency

SPCC's Teen Age Parent Support Services (TAPSS)

TAPSS offers the following:

- PAT
- Support to address underlying issues that are barriers to the young mothers becoming effective and self sufficient parents
- Educational Counseling and Support
- Employment Counseling and Support
- Community Service/Leadership Skill Development
- Community Based Support Group

Building Healthy Children

- Research project targeting low income teen mothers with children under 3.
- Partners include SPCC, MHFC, Strong Pediatrics & Social Work, NFP MCDHS, MCDOH and UWGR.
- Multiple evidence-based interventions are integrated with families receiving PAT or NFP.
- Connection to pediatric practices/EMR.
- Mental Health Services
- PAT provided by MSW's with employment/educational services.
- Other evidence based programming includes: Incredible Years Parenting Group, Interpersonal Psychotherapy, and Child Parent Psychotherapy
- Outreach and case management services are provided to all families as needed.

Monroe County Perinatal Home Visitation Program

Community Health Worker /Certified Parent Educators provide education and support to families utilizing PAT.

Goals are to increase parent knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect and increase school readiness.

CHW/CPEs will visit regularly during the pregnancy and until the 1st birthday.

Eligibility Criteria: Any woman in Monroe County who is 32 weeks pregnant or less and has no more than 1 other child. Referrals to the program for teens and women with high risk pregnancies who do not fit into the above criteria will be considered.



Mt Hope Family Center Child Parent Psychotherapy

Focus on the parent-child relationship and the impact that the mother's own relationship history can have on her approach to parenting.

Designed to effectively address past trauma such as domestic violence within the family.

Offered by trained therapists to families when difficulties with parent-child attachment are identified.

A weekly program for approximately one year.

Right from the Start

Prenatal and parenting program

Partnership between the **Parents as Teachers** program of Family Resource Centers of Crestwood Children's Center and the **Baby Love Program** (a program of the **University of Rochester Medical Center Social Work Division**).

PAT is combined with the outreach approach of Baby Love, designed to help families prepare for the birth of their baby, keep healthy during pregnancy, deliver a healthy baby, and become effective parents.

Meets immediate needs of pregnant women and readies them for continuing monthly participation in PAT visits (up to age 5).

Group support , screening, and resource networking.

Incredible Years Parenting Group

Incredible Years is an evidence based 12 week parenting class for parents and caregivers of children 2 – 8.

Designed to help parents:

- Increase their children's social skills
- Help their children learn
- Manage their children's behavior
- Prevent behavior problems
- Enjoy time with their children more



Current Efforts to Develop Coordinated Systems of Care

Federal

- Children's Bureau EBHV Project
- Maternal, Infant, Early Childhood funding through the Affordable Care Act

NYS and Monroe County

- Building Healthy Children (ACF/MIEC)
- Healthy Moms/Healthy Babies Grant (HMHB)
- NYS Early Childhood Advisory Council

Local Goals and Objectives System Level (MIEC and HMHB)

- Develop an efficient community wide infrastructure to coordinate, implement and sustain the routine offering of EBHV to high risk young mothers.
- Identify and connect families to the most appropriate EBHV as soon as possible.
- Increase effectiveness and maximize efficiency and community wide capacity.
- Integration of EBHV with the delivery of primary health care for vulnerable children



How to Engage and Work Effectively with Teen Parents



Dynamics of teen parenting

- Co-developmental aspects of teen parents
- Cognitive Development
- Multigenerational relationships between teen parents and their parents especially the mother-daughter relationship



Special consideration regarding teen fathers

- Often left out of pregnancy period
- Less support available
- Expected to automatically become a provider
- Animosity from mothers family
- Negative stereotype in community

Life Circumstances Commonly Faced by Teen Parents

- Each teen parent is an individual
- Teen parents live in two worlds simultaneously
- Teen parents are highly stressed
- High levels of past trauma and abuse = lack of trust
- High incidences of domestic violence
- Increased isolation, limited support systems
- Strongly influenced by peers; need for peer acceptance
- Teen parents are still TEENS and are developing their sense of identity
- Teens think in **concrete** terms
- Teen parents need guidance and positive reinforcement

Special Supervised Visitation Concerns

- Domestic Violence concerns
- Family Separation/Isolation
- Lack of transportation/support
- Cognitive Development

How to Engage and Intervene Effectively with Teen Parents

- Developing trust
- Communication
- Improving follow through
- Involvement of family or other supports
- Making effective referrals