

Early Head Start

Tip Sheet

No. 34

EHS Services for Teen Parents, March 2009

How is working with teen parents different than working with older parents?

Response:

Early Head Start programs provide comprehensive and individualized program services to parents regardless of their age. Providing services and support to teen parents presents unique challenges to programs and staff. It is important for programs and staff to understand the characteristics of teen parents and the challenges of teen parents when designing services to meet their specific needs.

Unique needs of teen parents

The developmental stages of the teen years are full of physical, cognitive, social and emotional changes (see attached chart: Stages of Adolescent Development). As parents they struggle to establish independence and self-reliance. But, as teens they cling to connections with peers and often return to their 'role' as child within the family. These typical yet conflicting developmental needs of the teen-age years impact the delivery of program services. Some of the issues or concerns that programs providing services for teen parents may face include:

- **Helping teen parents to balance teen life experiences with parenting and family demands** such as maintaining high school enrollment through graduation; finding time and child care supports to complete homework or attend teen social events.
- **Working with teen parents to help them build healthy and safe relationships** such as wanting to 'fit in,' defining boundaries within friendships and families, needing information on sex education, or seeking a role model or mentor.
- **Supporting teen parents in managing roles within extended families** such as being a parent, a child, and perhaps a spouse or for the teen's parent -- being a parent and grandparent.
- **Seeking appropriate mental health services** such as employing an infant mental health specialist with experience working with teen parents, providing counseling support to address teen issues, or supporting families in understanding that counseling isn't "bad."
- **Providing relevant parenting education for teens** including teen fatherhood and family life.

Considerations for programs working with teen parents

Early Head Start programs choosing to work with teen parents have a number of special considerations to keep in mind when working with this population. Such considerations include the need to provide supportive staff training; understanding the challenges and risk factors for teen parents and their babies, and remaining current with the latest research about this unique population.

Staff training and support when working with teen parents

Programs should provide appropriate training and support to build and maintain the staff abilities to address teen parents' needs. Training and support may need to be provided frequently and on a regular basis since direct service staff deal with sensitive issues and concerns. Topics that assist and support staff may include:

- Understanding adolescent development, in general as well as teen parenting.
- Coping strategies for working with the attitudes and unique needs of teenagers.
- Learning how to apply negotiation skills for working with the concerns and issues of extended families.
- Addressing serious issues such as rape, incest, child abuse and neglect, or paternity issues (such as the father may not be a teenager).
- Navigating the cultural and socio-economic context of teen parenting
- Incorporating modeling, mentoring, or coaching skills within the family goal and partnership building process.
- Working with community agencies to access housing, job training and education programs for teen parents.

Challenges of pregnant teens and risk factors for their babies

Teenage parents and their offspring have higher risks than older mothers in a number of areas. “Young women who deliver babies prior to completion of high school are more likely than their peers to have had academic difficulty, school failure, and mental health problems such as depression and anxiety. These young mothers are more likely to be survivors of sexual, emotional, or physical abuse; and they are more likely than their peers to have been raised by teen mothers themselves... Furthermore, most children born to adolescent parents are born into poverty, which has a fundamental link with a range of negative outcomes... Additionally, children of teen mothers face increased health risks, including premature birth and low birth weight. These complications raise the probability of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy. They also increase the later chance of dyslexia or hyperactivity.”¹

Adolescent parenting research

Research has demonstrated additional risks related to the parent/child relationship, and child development. In general, researchers find differences in the quality of parenting by teenage mothers as compared to adult mothers.² For example:

- Adolescent mothers engage in less smiling and positive eye and physical contact with their infants than adult mothers, even when matched on socioeconomic and ethnic characteristics.³
- Teens tend to talk less, give more commands and authoritarian statements, and make fewer elaborated, descriptive, and articulate responses.⁴
- The children of teen mothers speak less and are more likely to have poorer cognitive and linguistic outcomes. Moreover, teenage mothers are perceived as less sensitive, less responsive, more restricted, more physically intrusive, and more punitive in their child-rearing practices compared with adult mothers.⁵

[References: *Adolescent Parenting Research Fact Sheet* compiled by Teen Parent Child Care Quality Improvement Project, Florida State University Center for Prevention & Early Intervention Policy, 2005. Retrieved on September 26, 2008 from http://www.cpeip.fsu.edu/resourceFiles/resourceFile_75.pdf.]

¹ Healthy Teens Network, 2003, p. 6.

² Zeanah, Boria & Larieu, 1997.

³ Culp; Appelbaum; Osofosky; & Levy, 1988.

⁴ Spieker & Bensley, 1994.

⁵ Coll; Vohr; Hoffman; & Oh, 1986.

Impact of EHS on adolescent parenting

“Even though EHS is not designed specifically to meet the needs of teenage parents, the program has had significant positive impacts on teenage parent families. Although EHS staff report that children with teen parents can be harder to serve, participation in EHS benefited teen parent families in several significant areas including child development, access to support services, parenting behavior, and economic self-sufficiency.”⁶

Documenting income of teen parents

Only income earned by the Early Head Start child’s parents is considered when determining a child’s income eligibility. Programs would document the income of a teen parent who has never worked and is living with her parents as “no income.”

Questions to Consider for Planning and Programming:

- What are the expected outcomes for teen parents participating in the EHS program?
- How does the program collaborate with high schools, child care partners, medical homes, social service communities, and other local entities that also serve the teen-family population?
- How is the program providing training and education to staff on the developmental needs and specific issues of teenagers?
- How is the program providing support for the EHS staff working directly with the teens and their families? What are ways the program enhances and supports the parent-child attachment process between teen parents and their child?
- How does the program address the increased probability of low birth weight and increased child illness with children of teen parents?
- How does the program address transportation issues that often occur when working with teen parents?
- How does the program provide and ensure that support is culturally sensitive to teen parents?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.40(a)(1)-(2) Family goal setting.
 - (1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family’s readiness and willingness to participate in the program.
 - (2) As part of the ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized Family Partnership Agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.
- 1304.40(c)(1)-(3) Services to pregnant women who are enrolled in programs serving pregnant women, infants and toddlers.
- 1304.40(d) Parent Involvement – general.
- 1304.52(b)(1) Grantee and delegate agencies must ensure that staff and consultants have the knowledge, skills, and experience needed they need to perform their assigned functions responsibly.

⁶ CLASP, 2007, p. 3.

Resources:

Batten, Susan T. and Bonita G. Stowell. **School-Based Programs for Adolescent Parents and Their Young Children: Guidelines for Quality and Best Practice.** Center for Assessment and Policy Development (CAPD). 1996. <http://www.capd.org/pubfiles/pub-1996-10-06.pdf> (accessed August 14, 2010).

Center for Assessment and Policy Development (CAPD) Publications.

<http://www.capd.org/publications.htm>

- **Helping the Education System Work for Teen Parents and Their Children.** 1998. <http://www.capd.org/pubfiles/pub-1999-10-06.pdf> (accessed August 14, 2010).
- **Making Teen Parents and Their Children Visible.** 1996. <http://www.capd.org/pubfiles/pub-1996-10-08.pdf> (accessed August 14, 2010).
- Stephens, S.A., Wendy Wolf, and Susan Batten. **Improving Outcomes for Teen Parents And Their Young Children by Strengthening School Based Programs: Challenges, Solutions, and Policy Implications.** 1999. <http://www.capd.org/pubfiles/pub-1999-04-01.pdf> (accessed August 14, 2010).

Center for Law and Social Policy (CLASP). **Early Head Start and Teen Parent Families: Partnerships for Success.** 2007.

http://www.clasp.org/publications/ehs_teens.pdf (accessed August 14, 2010).

CWLA Standards of Excellence for Services for Adolescent Pregnancy Prevention, Pregnant Adolescents, and Young Parents, Revised Edition. Washington, DC: Child Welfare League (CWLA). 1998.

Early Head Start National Resource Center. **Early Head Start Tip Sheets.** *The Early Childhood Learning and Knowledge Center.* DHHS/ACF/OHS.

- **13: How Does an Early Head Start Program Establish an Effective System for Infant/Toddler Staff Development?** November 2003.
- **34 (Addendum): Stages of Adolescent Development.** March 2009.

Training Guides for the Head Start Learning Community: Parent Involvement.

DHHS/ACF/OHS. 2007.

Healthy Teen Network. <http://www.healthyteennetwork.org>

A national organization focused on adolescent health and well-being with an emphasis on teen pregnancy prevention, teen pregnancy, and teen parenting.

Healthy Teen Network. **Unique Developmental Needs of the Children of Adolescent Parents.** Washington, DC: Author. November 2003.

<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B6AB5D922-6161-4F94-A934-A048604AC08C%7D.PDF> (accessed August 14, 2010).

Maynard, Rebecca A., Ed. **Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy.** Washington, DC: Urban Institute Press. 1996.

Policy Clarifications, OHS-PC-I-011: Are We Supposed to Count Everyone that Lives in the Household and their Income as Family? *The Early Childhood Learning and Knowledge Center.* DHHS/ACF/OHS. April 23, 2007.

Information Memorandum, ACYF-IM-HS-09-04: Services to Expectant Families Participating in Early Head Start. DHHS/ACF/OHS. 2009.

Spano, Sedra. **Stages of Adolescent Development**. Research FACTS and Findings. ACT for Youth: Upstate Center of Excellence, Cornell University. May 2004.

<http://www.actforyouth.net/documents/fACT%20Sheet05043.pdf> (accessed August 14, 2010).

Stages of Adolescent Development (chart adapted from Spano, Sedra 2004 article)

<http://www.actforyouth.net/documents/YDM%20pdf%20HO%202.1B.pdf> (accessed August 14, 2010).

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.

Stages of Adolescent Development
Addendum to Early Head Start Tip Sheet No. 34

Stages of Adolescence	Physical Development	Cognitive Development	Social-Emotional Development
<p style="text-align: center;">Early Adolescence</p> <p style="text-align: center;">Approximately 11 – 13 years of age</p>	<ul style="list-style-type: none"> • Puberty: grow body hair, increase perspiration and oil production in hair and skin, Girls – breast and hip development, onset of menstruation Boys – growth in testicles and penis, wet dreams, deepening of voice • Tremendous physical growth: gain height and weight • Greater sexual interest 	<ul style="list-style-type: none"> • Growing capacity for abstract thought • Mostly interested in present with limited thought to the future • Intellectual interests expand and become more important • Deeper moral thinking 	<ul style="list-style-type: none"> • Struggle with sense of identity • Feel awkward about one’s self and one’s body; worry about being normal • Realize that parents are not perfect; increased conflict with parents • Increased influence of peer group • Desire for independence • Tendency to return to “childish” behavior, particularly when stressed • Moodiness • Rule- and limit-testing • Greater interest in privacy
<p style="text-align: center;">Middle Adolescence</p> <p style="text-align: center;">Approximately 14 – 18 years of age</p>	<ul style="list-style-type: none"> • Puberty is completed • Physical growth slows for girls, continues for boys 	<ul style="list-style-type: none"> • Continued growth of capacity for abstract thought • Greater capacity for setting goals • Interest in moral reasoning • Thinking about the meaning of life 	<ul style="list-style-type: none"> • Intense self-involvement, changing between high expectations and poor self-concept • Continued adjustment to changing body, worries about being normal • Tendency to distance selves from parents, continued drive for independence • Driven to make friends and greater reliance on them, popularity can be an important issue • Feelings of love and passion
<p style="text-align: center;">Late Adolescence</p> <p style="text-align: center;">Approximately 19 – 21 years of age</p>	<ul style="list-style-type: none"> • Young women, typically, are fully developed • Young men continue to gain height, weight, muscle mass, and body hair 	<ul style="list-style-type: none"> • Ability to think ideas through • Ability to delay gratification • Examination of inner experiences • Increased concern for future • Continued interest in moral reasoning 	<ul style="list-style-type: none"> • Firmer sense of identity • Increased emotional stability • Increased concern for others • Increased independence and self-reliance • Peer relationships remain important • Development of more serious relationships • Social and cultural traditions regain some of their importance