Bricks, Mortar, and Community:
The Foundations of Supportive Housing for Pregnant and Parenting Teens
Findings from the Field

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Healthy Teen Network

Child TRENDS

Introduction

The goal of Bricks, Mortar, and Community: The Foundations of Supportive Housing is to identify a set of core components for supportive housing programs serving pregnant and parenting teens and to identify case studies of programs meeting these standards. Articulating core components based on what we know helps set a standard for the field and helps to ensure success among pregnant and parenting teens utilizing supportive housing services that embrace them. The identification of the core components provides guidance for supportive housing programs to meet the needs of pregnant and parenting teens by providing the supports and resources needed to help them succeed. To achieve this goal, Healthy Teen Network and Child Trends employed strategic approaches including 1) working with a national advisory group consisting of partners in the fields of housing, child welfare, transitional living, and pregnant/parenting teen programs to identify a list of core components; 2) utilizing quantitative and qualitative survey methods to assess current supportive housing programs' implementation of the core components; and 3) developing case studies of supportive housing programs demonstrating strong implementation of the core components.

Key Terms

Supportive Housing is a highly integrated system of living arrangements and professional case management services that provides pregnant and/or parenting teens a safe place to live, 24-hour access to caring adults, and connections to community resources. This system helps young parents develop necessary skills and secure resources needed to maintain housing throughout adulthood. Supportive housing programs can be more effective when young parents shape and direct their future in partnership with case managers and other key staff.

Case managers play perhaps the most critical role in supportive housing, assessing youth as individuals so that their unique needs may be met most effectively. Flexibility, individualization, nurturing, guidance through positive role modeling, and consistent coordination by one caring adult professional are key elements of effective case management services. While not all supportive housing programs may provide direct services related to each core component (defined below), all supportive housing programs should provide referrals and support access to services and resources in the community, making use of collaborations and partnerships. The case manager oversees, when not personally providing, access to these direct services. The case manager is the professional primarily responsible for creating an equal partnership with the young parent, developing a life plan driven and owned by the youth to help him/her transition to independent living.

Core components are the critical elements—supports and resources—of supportive housing that provide a skills-building foundation to help young parents develop self-sufficiency so that they may be successful and engaged parents and productive members of society. The core components are what make supportive housing "supportive." Programs that incorporate these core components are more likely to achieve desired outcomes. Each core component cannot stand alone to support independent living; rather the core components are complementary because each one builds upon the others, together making up the foundation of a supportive housing program.

Core Components of Supportive Housing

The core components are made up of the following supports and resources:

1. **Supports and Resources to Promote Self-Sufficiency**: Help youth to develop basic self-sufficiency skills, so that s/he will be able to transition to independent living, accessing resources and services as needed without the assistance of a case manager.
2. **Supports and Resources to Promote Housing Stability**: Facilitate attainment of affordable housing in a safe neighborhood, and continued housing stability and independent living upon completion of the program.
3. **Supports and Resources to Promote Financial Stability**: Help youth to work toward financial stability by facilitating educational attainment and employment at a livable wage, as well as financial literacy.
4. **Supports and Resources to Promote Successful and Engaged Parenting and Attachment**: Facilitate successful and engaged parenting skills, fostering attachment between parent(s) and child.
5. **Supports and Resources to Promote Healthy Relationships**: Cultivate a sense of self-worth and right to healthy relationships with partners, peers, family, and the community, as well as the skills to resolve conflict, solve problems, and negotiate.

Strategic Approaches

To identify the Core Components of Supportive Housing, Healthy Teen Network and Child Trends convened a national advisory group consisting of partners in the field of housing, child welfare, transitional living, and pregnant/parenting teen programs to identify critical elements of supportive housing programs. To generate the core components, the national advisory group completed the following objectives:

1) Agreed on a set of desired outcomes for pregnant and parenting teens upon "graduation" from a supportive housing program;

2) Articulated the needs of pregnant and parenting teens exiting supportive housing, to achieve these desired outcomes, in the context of a) Health and Human Services, b) Housing, c) Education, d) Workforce and Life Skills Development, e) Child Welfare and Development, f) Income Security, and g) Knowledge Development and Transfer;

3) Defined the supports and resources that pregnant and parenting teens graduating from supportive housing need to address the previously defined set of needs;

4) Delineated the essential organizational capacities for supportive housing programs to provide these services for pregnant and parenting teens exiting their care.

The national advisory group extensively reviewed and commented on the draft of core components, helping Healthy Teen Network and Child Trends to revise and finalize the resulting list of core components.

Healthy Teen Network partnered with Child Trends to develop, disseminate, and analyze a survey of programs providing supportive housing to teens based on these core components, utilizing quantitative and qualitative survey methods to assess current supportive housing programs' use of the core components, and to develop case studies of supportive housing programs demonstrating implementation of the core components. Survey questions were developed then piloted with select programs, and subsequently revised prior to dissemination to the field at large.

Healthy Teen Network and Child Trends developed a list of approximately 170 supportive housing programs, identifying programs from sources including Healthy Teen Network's Young Families Directory, The Child Welfare League of America, Transitional Living program grantees from the Family and Youth Services Bureau, agency members of The National Crittenton Foundation, and the 2005 Second Chance Homes National Directory. The survey was also disseminated broadly through Healthy Teen Network's extensive member and constituent base and through the help of advisory group partners. The survey was posted online using Survey Monkey for two and a half weeks in the fall of 2009. Survey participants were automatically entered into a drawing, where the winner received a $50 Target gift certificate, as an incentive to complete the survey. Eighty-one (81) programs completed the full survey; of these programs, 74% serve parenting teens and 62% serve pregnant teens as a key population (65 programs).

Background: Pregnant and Parenting Teens

After falling for several years, teen pregnancy rates in the United States began to rise again in 2005; this increase in the teen birth rate was sustained in 2007, yielding an overall rate 5% higher than 2005 (Hamilton, Martin, & Ventura, 2009). Currently the United States has one of the highest rates of teen pregnancy in the developed world, with a pregnancy rate of 84/1,000 women ages 15 to 19 (Guttmacher, 2006) and a live birth rate of 41.9/1000 women ages 15-19 (Martin, et al., 2009). Regarding subsequent pregnancies, there were 435,000 infants born to teen mothers in 2006 (Hamilton, et al., 2009).

The rate of teen pregnancy within the child welfare system is of particular concern, as youth living in foster care or kinship care (with relatives) are prone to higher rates of sexual risk-taking behaviors, including earlier age of first intercourse, greater numbers of sexual partners, and earlier age of first pregnancy than their peers not in foster care (Carpenter, Clyman, Davidson, & Steiner, 2001). Adolescent girls in foster care are 2.5 times more likely to get pregnant by age 19 than their peers not in foster care (Bilaver & Courtney, 2006), and half of young men, 21 years old, aging out of the foster care system report having gotten someone pregnant, compared with 19 percent of their peers not in the foster care system (Courtney et al., 2007). This does not mean that living in foster care is itself the impetus to these risky behaviors. Rather, the behaviors may be sequelae of their experiences prior to being placed in foster care, as the majority of children in foster care are victims of sexual or physical abuse, neglect or abandonment, or have a parent who is incarcerated or otherwise unable to care for them (Wertheimer, 2002). Currently, there are insufficient data to accurately report the number of pregnant and parenting teens living in out-of-home care.

In addition to higher rates among foster care youth, there is a high occurrence of pregnancy among homeless youth, with a national study reporting the pregnancy rate among 13-15 year old homeless girls to be 14 times the rate among non-homeless girls (Levin, McKean, & Schoggen, 2005). Females who reported being away from home for longer periods of time were more likely to report being pregnant (Thompson, Bender, Lewis, & Watkins, 2005). Among those who do become pregnant, 46% become pregnant more than once (Courtney & Dworskey, 2005). Elevated rates of sexual risk-taking behaviors were also reported, including initiating intercourse earlier, a greater likelihood of multiple sex partners, inconsistent condom use, sex while intoxicated, as well as survival sex[1] (Levin, et al., 2005; American Civil Liberties Union, 2003).

While most young parents want to be good parents, the lack of available supports and services often results in a negative outcome for both young parents and their children. For example, after having a child, young mothers are more likely than older mothers to need public assistance and to experience disruption in family structures, even when the fact that young mothers tend to be from disadvantaged backgrounds is taken into account (Hoffman et al., 2008). Furthermore, the children of young parents frequently experience higher rates of poverty, dropping out of high school, drug abuse, incarceration, etc. (Klerman, 2002; Hoffman, 2006; Hoffman et al., 2008).

A recent study found that slightly more than one-half of young mothers received a high school diploma by the age of 22, compared with 89 percent of women who had not had a child during their teen years (Perper, et al., 2010). These young women are also more likely to have mental health problems such as depression and anxiety (Panzarine, Slater, & Sharps, 1995). Pregnant teens are also less likely to receive adequate prenatal care, while they are more likely to smoke during pregnancy, be unmarried, have inadequate nutrition, and give birth to low-birth weight and pre-term infants. Thus, the consequences of teen pregnancy are not isolated to the mothers; their children are also greatly affected (March of Dimes, 2009).

While less is known about young fathers, they face the same risk factors as young mothers in their daily lives. Children born to young parents often have a unique set of needs which leave them at increased risk for repeating early parenting, thus perpetuating the cycle of poverty among future generations (Meade & Kershaw, 2008).

For further detail about each component, see Healthy Teen Network's resource, _The Core Components of Supportive Housing_.

Three main types of housing programs were identified:

- o **Transitional Living Programs** provide shelter and services designed to promote a transition to self-sufficient living and to prevent long-term dependency on social services.
- o **Second Chance/Maternity Group Homes** represent community-based adult-supervised living arrangements that provide pregnant or parenting youth and their children with a supportive and supervised living arrangement in which such pregnant or parenting youth are required to learn parenting skills, including child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence in order to ensure the well-being of their children.
- o **Independent Living Programs** provide room and board and supportive services for youth exiting foster care.

Survey Findings
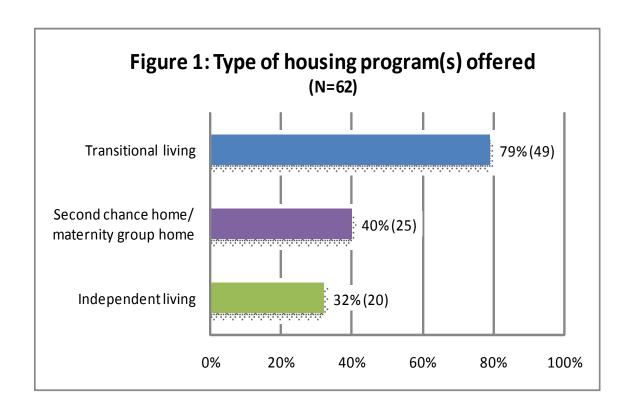**Program Demographics for Programs that Service Pregnant and/or Parenting Teens (N=65):**
Among the varied programs completing the survey that serve pregnant and/or parenting teens, almost all programs report serving youth ages 18-19. Average length of stay, maximum capacity, and total number of youth served per year differ by program. It should be noted that many programs do not exclusively serve pregnant and/or parenting youth, and these other youth would not have accessed the pregnancy/parenting supports and resources.
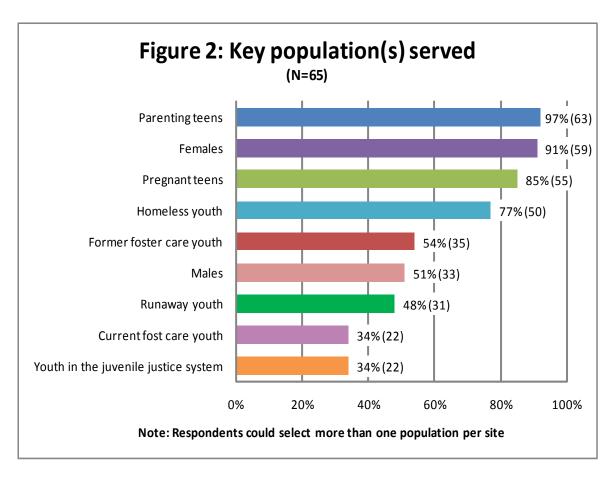
- More than three-quarters of programs (79 percent) report offering a transitional living program, 40 percent report offering a second chance home/maternity group home, and 32 percent offer independent living services. Some programs offered more than one type of housing program (**see Figure 1**).
- Most of these programs (57 percent) offer adult-supervised group housing, 39 percent offer
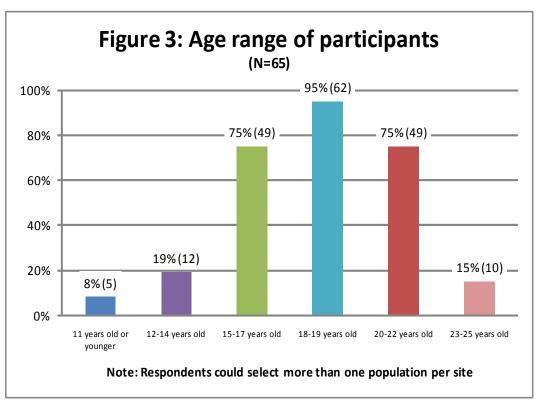
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1   The act of survival sex involves trading sexual acts for food, shelter or clothing, and significantly increases the chance of pregnancy (Levin et al., 2005; American Civil Liberties Union, 2003).

independent/unsupervised housing, 31 percent offer adult-supervised host scattered site housing and 12 percent offer adult-supervised host family housing. Some programs offer more than one type of housing arrangement.

- o   Adult-Supervised Housing is housing with adult supervision.
- o   Independent/Unsupervised Housing is housing without in-house adult supervision.
- o   Adult-Supervised Scattered Site Housing is housing where youth live in different sites spread across an area but still have some level of adult supervision.
- o   Adult-Supervised Family Housing is where youth live in the homes of families, similar to foster care situations, and there is adult supervision.

- Each survey respondent identified the key populations served by their supportive housing program. The vast majority of programs (91 percent) report that females are a key population, and three-quarters of programs target homeless youth (77 percent). About half also list males (51 percent), former foster care youth (54 percent), and runaway youth (48 percent) as key populations **(see Figure 2)**.
- Programs reported on all age ranges of participants that they served. Almost all programs report serving participants aged 18 to 19 (95 percent). Three quarters of programs (75%) serve participants aged 15-17 and 20-22, and 26 percent serve participants less than 15 years old (including 19 percent who served 12 to 14 year olds) **(see Figure 3)**.
- Thirty-two percent (32%) of programs report that the average length of stay for participants in their programs is 7-12 months. An additional 32 percent report an average length of stay of 13-18 months. Sixteen percent (16%) report an average length of stay shorter than 7 months, whereas 21 percent report an average length of more than 18 months.
- Most programs (61 percent) have a maximum capacity of fewer than 20 participants. One quarter (25%) of programs have a capacity of 20-40, and 12 percent have a capacity greater than 40.
- Depending on the length of stay in the program, the total number of youth served in the past year was often greater than the program's maximum capacity.   The number of program participants served in the past year ranges from 6 to more than 1,000 participants. One-fourth (25%) of programs served fewer than 20 participants, 35 percent served 20-49 participants, 15 percent served 50-99 participants, and one quarter (25%) served one hundred or more (≥100) participants.

Figure 1: Type of housing program(s) offered
(N=62)

Transitional living	79% (49)
Second chance home/ maternity group home	40% (25)
Independent living	32% (20)

Figure 2: Key population(s) served
(N=65)

Population	Percentage
Parenting teens	97% (63)
Females	91% (59)
Pregnant teens	85% (55)
Homeless youth	77% (50)
Former foster care youth	54% (35)
Males	51% (33)
Runaway youth	48% (31)
Current fost care youth	34% (22)
Youth in the juvenile justice system	34% (22)

Note: Respondents could select more than one population per site

Figure 3: Age range of participants
(N=65)

Age range	Percentage
11 years old or younger	8% (5)
12-14 years old	19% (12)
15-17 years old	75% (49)
18-19 years old	95% (62)
20-22 years old	75% (49)
23-25 years old	15% (10)

Note: Respondents could select more than one population per site

Programs Services Related to the Core Components of Supportive Housing among Programs Serving Pregnant and/or Parenting Teens:
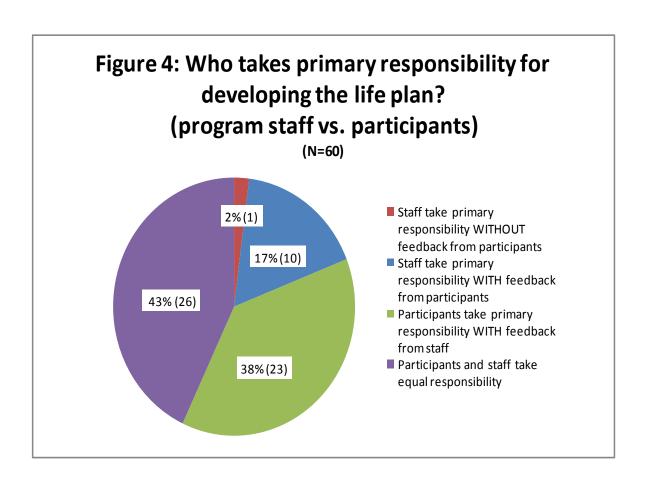
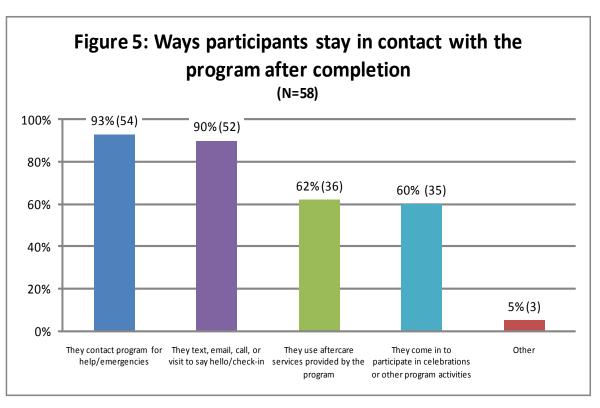1. **Supports and Resources to Promote Self-Sufficiency:**

    The majority of programs report providing supports and resources to help youth develop basic self-sufficiency skills, so that they may learn to access resources and services needed without the assistance of a case manager, thus aiding in the transition to independent living. Almost all programs report linking case managers to participants and working with youth to develop life plans and set goals for the major life domains (i.e., education, employment, housing, financial, family, and community). Many programs also provide physical and mental health services.

    - Eighty-nine percent (89%) of programs report that all participants have a case manager. These relationships appear to be fairly stable. For example, 85 percent of programs report that all or most of their participants kept the same case manager over the past year. Further, 87 percent of programs said that all participants have an on-going connection to their case manager.
    - Almost all programs (95 percent) report that their program works with participants to develop a life plan.
    - Most often, life plan development occurs through a collaboration of program staff and participants. Forty-three percent (43%) of programs report that program staff and participants take equal responsibility in developing a life plan, and 38 percent report that participants take primary responsibility with feedback from program staff. An additional 19 percent of programs report that their staff takes primary responsibility for developing a life plan with feedback from participants (17 percent) or without feedback from participants (2 percent) **(see Figure 4)**.
    - Ninety-one percent (91%) of programs report that all (52 percent) or most (39 percent) participants received health services in the past year. Examples of health services include services related to physical health, mental health, sexual and reproductive health, and substance use or abuse. An additional 9 percent of programs report that half or some of their participants receive these types of health services.
    - Mental health services are provided primarily on-site among programs serving pregnant and parenting teens. Programs provide additional health-related services mainly through the use of referrals to established community partners.

Following completion of the program, most programs reported following up with youth through various means of services and communication.

    - Almost all programs (98 percent) report that participants maintain contact with the program after exiting. Past participants communicate with the program in a variety of ways and for a variety of reasons **(see Figure 5)**.
    - The most common way that programs report providing post-program services is through basic referral (33-38 percent of programs). In addition, 35 percent of programs provide help obtaining government assistance on-site and 47 percent of programs provide relationship support services—including services such as individual and/or couples counseling, co-parenting education, and healthy relationships education—on-site.
    - Over one-third (38 percent) of programs report that at least half of their former participants received post-program services in the year prior to the survey, with another 49 percent reporting that some of their participants received services after exiting. Only 9 percent of programs report that none of their participants received post-program services.
    - Nearly two thirds of programs (64 percent) provide post-program services for more than 12 months after participants exit the program.

Figure 4: Who takes primary responsibility for developing the life plan? (program staff vs. participants)
(N=60)

- 2% (1) — Staff take primary responsibility WITHOUT feedback from participants
- 17% (10) — Staff take primary responsibility WITH feedback from participants
- 38% (23) — Participants take primary responsibility WITH feedback from staff
- 43% (26) — Participants and staff take equal responsibility

Figure 5: Ways participants stay in contact with the program after completion
(N=58)

- They contact program for help/emergencies: 93% (54)
- They text, email, call, or visit to say hello/check-in: 90% (52)
- They use aftercare services provided by the program: 62% (36)
- They come in to participate in celebrations or other program activities: 60% (35)
- Other: 5% (3)

2. **Supports and Resources to Promote Housing Stability:**

Programs report facilitating attainment of affordable housing in a safe neighborhood, and continued housing stability and independent living upon completion of the program. Housing services are provided either on-site or via referral, with almost all programs reporting that a case manager coordinates the provision of housing services.

- More than two-thirds of programs report that all (53 percent) or most (19 percent) participants receive any housing services. Seven percent report that half of participants receive housing services, and 16 percent report that some did. Five percent (5%) report that no participants received housing services.
- Most programs (95 percent) report that the case manager provides housing services, and 12 percent report that a separate housing manager is in charge of providing these services. In some programs, both the case manager and housing manager provide housing services.
- Approximately 27 to 64 percent of programs provide housing services on-site. About 20 percent of programs also provide housing services through referrals with follow-up. Some examples of these services include help obtaining housing vouchers, financial assistance for rent and/or utilities, help obtaining basic supplies and furnishings, and short-term emergency help to prevent homelessness (e.g., first and last month's rent, etc.).

3. **Supports and Resources to Promote Financial Stability:**

Programs report helping youth to work toward financial stability by facilitating educational attainment and employment at a livable wage, as well as developing financial literacy. Education-related services are mostly provided on-site, while job training services are mostly provided via referral.

- Eighty-eight percent (88%) of programs report that all (72 percent) or most (16 percent) participants receive services to promote financial stability (including assistance with re-entry into the high school system, GED preparation, job training, and transportation assistance). Twelve percent (12%) report that half or some participants do.
- Services related to education are most likely to be provided on-site, whereas job training services are more likely to occur through referrals. For example, 40 to 70 percent of programs provide services related to education (e.g., re-entry into the high school system, GED preparation, transportation) on-site. In contrast, job training services are provided via referral plus follow-up among 44 percent of programs.

4. **Supports and Resources to Promote Successful and Engaged Parenting and Attachment:**
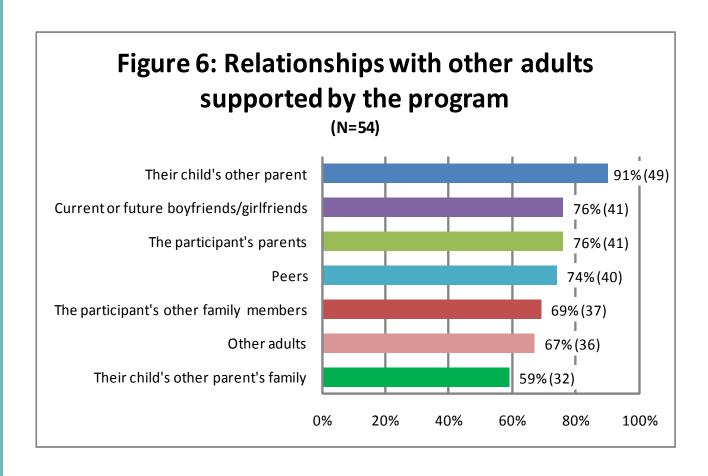
Programs report providing supports and resources to facilitate successful and engaged parenting skills and fostering attachment between parent and child among their pregnant/parenting youth populations. It should be noted that many programs do not exclusively serve pregnant/parenting youth, and these other youth would not have accessed the parenting supports and services.

- About two-thirds of programs report that all (40 percent) or most (32 percent) participants access some type of child care over the past year. The remaining 28 percent of programs report that half or less of participants access child care services.
- Seventy-three percent (73%) of programs report that all (58 percent) or most (15 percent) participants receive parenting services such as services related to parenting skills, safety, legal rights, child abuse and neglect, child care and child health. An additional seven percent (7%) of programs report that half of their participants receive parenting services, and twenty percent (20%) of programs report that less than half of participants received any parenting services.
- Over half (>50%) of all programs provide most parenting services on-site, except child health services which are provided through the use of referrals and follow-up by 42 percent of programs.

5. **Supports and Resources to Promote Healthy Relationships**:
   Programs reported providing supports and resources to cultivate a sense of self-worth and the right to healthy relationships with partners, peers, family, and the community, as well as the skills to resolve conflict, solve problems, and negotiate. More than half of the programs reported working with youth, most often on-site, to develop healthy relationships. Relationship support services may include services such as individual and/or couples counseling, education on co-parenting, and education on managing healthy relationships with partners, peers, parents, grandparents, etc.

   - Over half of all programs work with participants to foster relationships with other adults, including family members, partners, and peers. Most programs (91 percent) work with participants to develop positive relationships with their child's other parent **(see Figure 6)**.
   - More than three-quarters of programs reported that all (46 percent) or most (32 percent) participants received any services related to developing healthy relationships.
   - The most common method of providing services related to healthy relationships is on-site, although many programs also provide these services via basic referral, referral with follow-up, and through established community partners.

Figure 6: Relationships with other adults supported by the program
(N=54)

Their child's other parent	91% (49)
Current or future boyfriends/girlfriends	76% (41)
The participant's parents	76% (41)
Peers	74% (40)
The participant's other family members	69% (37)
Other adults	67% (36)
Their child's other parent's family	59% (32)

Examples of Supportive Housing Programs Integrating the Core Components

Healthy Teen Network and Child Trends interviewed several survey participants to find out more about how programs incorporate the core components. Below are examples of three supportive housing programs that integrate all five core components, with details provided about select core components. We selected these three programs to highlight because they represent a range of supportive housing systems and tended to provide more of the supports and resources from the core components. The three examples include 1) Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) Second Chance Homes, a program that provides adult-supervised maternity group homes; 2) Inwood House Residences, a program that provides housing for pregnant teens in foster care or who are homeless; and 3) Lighthouse Youth Services, a transitional living program.

Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) Second Chance Homes

Staff Interviewed: Kim Nolte, Vice President, Programs and Training; and Jennifer Driver, Program Specialist

Program Description: Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) Second Chance Homes Network provides adult-supervised parenting teen group homes, transitional living, and independent living to pregnant and parenting young women ages 13 to 21, and their children, including runaway and homeless youth. G-CAPP's Second Chance Homes program helps teen mothers become self-sufficient by providing them with a safe living environment, support for long-term economic independence, child development, parenting and life skills. G-CAPP has a network of 11 homes located across the state of Georgia, and each home serves an average of five young women (ages 13-21) and their children, for a total of 56 young women and their children. Most participants stay in the program for an average of 11 months but can live in the homes until their 21st birthday. An extensive evaluation system has been in place since the program's inception in 2001 and collects both process and outcome data for all 11 homes and program participants.

Case Management: A variety of G-CAPP staff are in the homes throughout the day, including the program manager, case manager, and resident advocate. Program managers are the key contacts for G-CAPP in running the program; their duties range from monthly programmatic reporting, completing program assessments with youth, and making sure data are being collected and entered into the programs database. The case managers work closely with program participants, coordinate services with the state, and take care of scheduling educational services, physical, and mental health appointments, Division of Family and Children Services appointments, and any other needed services. Resident advocates are in the Second Chance Homes 24 hours a day making sure things are running smoothly, managing and providing transportation, supervision of meals and cleaning, as well as supporting young parents as they care for their children.

Core Components: Supports and resources related to health services, housing services, relationship services, and some parenting services are provided on-site. Financial stability services related to education and employment, as well as other parenting services are provided through a partnership in the community.

The following supports and resources are examples of some of the core components G-CAPP provides:

To promote successful and engaged parenting and attachment, G-CAPP implements the Parents as Teachers program; each G-CAPP home has a certified Parents as Teachers' educator. Parents as Teachers is an early childhood parent education and family support program designed to foster strong, loving relationships between parents and their children. This program encourages and teaches parents what to expect during each stage of their child's development and to capture the teachable moments in everyday life to enhance their child's language development, intellectual growth, social development and motor skills.

To promote healthy relationships, G-CAPP provides supports and resources for developing positive interactions with

many different people in the participants' lives. One reason G-CAPP believes the program is so successful are the close relationships fostered with the adults in their lives and in their homes. One goal of the program is for a youth to be paired with a trained mentor to foster positive consistent relationships. Because program participants often have a history of not being able to trust adults, the consistent relationship with a mentor and staff provides the opportunity to build a trusting adult-youth relationship. Staff are trained to provide positive parenting role models, and the program structure mirrors that of a home rather than an institution—all of which help to build close relationships with participants. Nolte explains, the relationships that are built in the homes "[…] are lasting; even after the girls leave, they call back, they always know they can come back, and if they get in trouble outside, they can come back to the home for support." Program youth are also encouraged to visit with their family and the child's father's family, as long as these families are known to be safe for the participants and provide further positive influences.

G-CAPP also works hard to involve the child's father if he has a healthy relationship with the mother and baby. Using the Parents as Teachers and the Ages and Stages monitoring tools, young fathers and mothers together complete the program to support co-parenting, regardless of the relationship status of the parents. The parents are taught to identify developmental milestones and work with their child to meet these milestones, and/or to identify and address developmental delays.

After Care: After exiting the program, linkages and referrals are provided for help obtaining assistance and support, including housing, education and job supports. Established community partners provide a variety of services, including parenting classes, child care, education services, job training services, and relationship support.

Participants stay in contact with the program after exiting via text, email, and visits, as well as utilizing after care services and supports provided by the program such as emergency assistance. Staff conduct a follow-up visit with former participants at one month, three months, six months, one year, and two years after they leave the program. Once a resident exits the program, she then becomes a member of the alumnae group which further allows youth to come together around their common experiences of being a part of Second Chance Homes, parenting, and possibly foster care, learn to use their voices effectively as advocates for themselves and for the reforming systems, and identify pressing issues to share and discuss with current SCH residents, staff, and those working in the field.

For more information on G-CAPP Second Chance Homes, see their website: www.gcapp.org/second-chance-homes.

Inwood House Residences

Staff Interviewed: Mary Adams, Assistant Executive Director for Programs; and Cathy Batista, Director of Maternity Residence

Program Description: Inwood House provides a variety of adult-supervised housing options ranging from group homes to transitional and independent living homes for pregnant and parenting young women ages 12-21, including women exiting foster care and runaway and homeless youth, with the capacity to serve 32 young women at a time. Participants stay in the program anywhere from one month to more than 24 months, based on need.

Case Management: Inwood House has several staff members who help with case management including a case worker, a placement preservation worker, a case aid, and a therapist. Case managers are utilized in the foster boarding home programs and runaway homeless programs. Social workers work at the maternity residence, and they deliver services combined with clinical and case management. Case workers help refer youth to daycare, school, employment services, and other services that they might need in the community. The case worker helps youth fill out housing forms, looks at apartments with the youth, helps facilitates and set up housing interviews, and attends the interview if appropriate. The case worker will also help set up a move, assist with packing, and aid in buying furniture and supplies for the apartment. In the Inwood House model the case managers are the "helpers and supporters," with other staff members in the program enforcing rules. Youth often look to their case workers for assistance and guidance.

Core Components: Supports and resources related to health services, housing services, financial stability services

related to education and employment, parenting services, and relationship services are all provided on-site as well as through referrals with established community partners.

The following supports and resources are examples of some of the core components Inwood House provides:

To promote self-sufficiency, all participants create long-term life plans. Life plans include career and education aspirations and the stepping stones to fulfill those goals. Youth are in charge of leading monthly life plan update meetings with their treatment team, consisting of the case manager, program director, primary counselor, and any other staff who work with them, during which they share their goals, accomplishments, strengths, and progress.

At the Family Learning Center/Maternity Residence, the focus is on short-term maternal health and the "here and now," and less on long-term goals. The treatment team has weekly meetings that focus on the pregnancy starting with questions such as "Do you want to be a parent?" then moving on to questions about the future such as "Where do you see yourself in the future? and "What are the things that you need to put in place now to achieve those goals?"

All Inwood House programs have mandatory weekly skills groups that include topics such as parenting, education, money management, cooking, and cleaning. Former program youth often return to these groups to share their experiences (their strengths and the challenges that they faced) when they moved out on their own. Residents are provided in house vouchers as incentives for attending the groups that may then used to purchase items at a monthly baby boutique. Youth who are placed through foster care system receive a monthly stipend for participating in self sufficiency groups. Case workers and staff lead the meetings, and occasionally bring in outside programs or agencies to lead a session.

To promote financial stability, weekly skill groups often focus on money management and budgeting, helping to prepare youth for living in a financially viable manner on their own. In financial literacy classes, youth explore the meaning of money for themselves and relate it to how they budget their money that they earn. Every participant is able to open a bank account on-site, in order to support saving their money and learning the value of managing a bank account.

With regard to education, once a participant arrives at the residence, she is given an educational and vocational assessment within 72 hours of her admission that encompasses last grade completed, any special classes attended, last school attended, last time enrolled in school, internships if any held, any job experience, career desires, goals, and transferable work skills. The education coordinator facilitates enrollment in an appropriate school   attendance is a program requirement   ranging from middle schools, high schools, colleges, vocational programs, and GED programs. Inwood House assists with tutors, applying for scholarships, and any additional services program participants may need to ensure that they are following through with their educational goals.

To support maintain and retaining employment, Inwood House provides workgroups called Steps to Success, covering topics such as resuming building, seeking employment, mock interviews, maintaining employment, and career goals. Furthermore, youth development counselors, supervisors, and social workers work with program participants as needed. After completing foundational parts of the program, on-site as well as community-based paid internships may be an option for participants, which help allow participants to save earnings, as well as to establish proof of employment in order to secure future housing.

After Care: Three months of support is provided, after exiting the program, to help participants secure referrals for support and assistance. Participants stay in contact with the program after exiting through email and visits, as well as by participating in educational groups, celebrations, and special events. Inwood House conducts exit surveys from which they receive participant contact information (including cell phones and email addresses) and maintains a database of former residents. Staff periodically send out notifications of upcoming events or programming for former participants. Youth from the runaway/homeless program are followed by program staff for three to six months after they exit the program. This includes phone or email contact and monthly home visits to make sure everything is running smoothly.

For more information on Inwood House Residences, see their website: http://www.inwoodhouse.com/.

Lighthouse Youth Services

Staff Person Interviewed: Mark Kroner, Director of Lighthouse Training Institute

Program Description: Lighthouse Youth Services (LYS) has a variety of transitional and independent living programs, ranging from independent/non-supervised to adult-supervised group housing and scattered sites—apartments located throughout the city—for youth ages 16-22. Participants stay in the program for an average of 11 months. Lighthouse Youth Services has a potentially unlimited the capacity to serve youth at a time, depending on need, and is currently serving approximately 170 youth, and of these youth, approximately 25 on average are pregnant/parenting. The program serves youth coming from foster and group homes, pregnant and parenting teens, and youth with criminal records and metal health issues.

Case Management: Every youth in every program has a case manager. Case managers may or may not be licensed social workers. Case managers are assigned a caseload of eight to 14 youth, depending on the complexity of the cases. Each participant has an individualized service plan that looks at all of his/her major life domains: housing, life skills training, education, health, mental health, discharge plans, any special needs such as parenting classes or chemical dependency treatment, etc. Individualized service plans are developed through collaboration between case managers, significant others such as mentors, court appointed special advocates, foster parents/relatives, and the youth. Ideally, the youth has the most input in the plan, based on what s/he wants to get out of the program.

The services provided by the case manager vary for each youth; case managers assesses individual youth and offer supports and resources based on individual needs. For example, Kroner explains:

> "Some [youth] come in and are in therapy and have a stabilized school situation and just need a place to stay. [Case managers] have very little to do with them other than supporting them financially and making sure they are alright. Others need just about everything: they aren't in school, have few self-sufficiency skills, they don't have any documentation or school files, and we have to really help them pull their life together. Some of them have significant mental health problems, and we need to hook them up with therapy. We now have in-home therapists within our agency that we can send to the homes of our youth who have severe mental health issues."

Core Components: Housing services are provided throughout the community, based on where the youth wants to live and their level of maturity. Other supports and resources including health services, financial stability services related to education and employment, parenting services, and relationship services are provided through a range of on-site services and community referrals.

The following supports and resources are examples of some of the core components Lighthouse Youth Services provides:

To promote housing stability, the Lighthouse Independent Living Program gives participants experience living on their own in a fully furnished apartment. At the point of discharge from the program, they can keep the apartment, furnishings, and security deposit if they have a job and the landlord approves. All of the moving needs of program youth are taken care of by a full-time mover employed by LYS. LYS also owns its own moving truck to aid with youth moves. LYS employs a housing specialist, who finds new apartments, talks to landlords, secures leases, and is in charge of supplying and furnishing apartments. Case managers help participants find subsidized housing (i.e., Section 8 housing), if they cannot afford a market rate apartment. The program can sometimes place youth in agency-owned properties or supervised buildings after they are discharged from the program through a special transitional program for youth with mental health issues.

To promote financial stability, the program gives youth a weekly stipend to cover food costs, rent, phone and utility costs. Efforts are made to find living arrangements close to where a youth currently works and attends school. Typically about 50% of youth are working part-time, but Kroner explains that with the current economy, it is difficult for teens to secure employment, even part-time. Life skills training takes place both prior to a youth's entry into the Independent Living Program and during her/his stay. Budgeting and money-management counseling is ongoing. In the independent living program, participants can usually stay until they graduate from high school or get their GED. Currently the

pressure is on the local county to discharge youth as soon as possible after they turn 18. The program continuously advocates for longer stays in care to reflect the realities of normal American youth.

After Care: Lighthouse and Hamilton County provide after care services where youth can get financial assistance, including getting back into housing up to age 21. After care is very participant dependent. When a youth leaves the program, s/he is told that the program is there if/when needed (e.g., if they need help with rent or utilities, have transportation issues, etc). Kroner says, "We have tried to set up formal after care, but it rarely works; Youth return when it is convenient for them and want to speak to the person they were closest to while in the Independent Living Program. We tried setting up regular weekly after care meetings open to any youth but rarely had more than 1 or 2 people at the most."

One lesson learned has been that over 40% of the youth in the program have left foster care with housing in their own name or in subsidized housing. Very few youth return to bio families if they have other options. The program wishes that youth could stay until age 21, giving them more time to complete educational goals, gain work experience and grow up as other American youth do.

For more information on Lighthouse Youth Services, see their website: http://www.lys.org/. LYS also provides training and technical assistance, nationally, for supportive housing programs; contact Mark Kroner, the Lighthouse Training Institute Director for more information: mkroner@lys.org

Conclusion

With the support of the core components, built on top of and around the bricks and mortar of supportive housing, pregnant and parenting teens can thrive both as individuals and as parents. The flexibility, individualization, and consistent coordination by case managers, working in equal partnerships with youth, establishes a positive and responsive environment in which youth may grow. While a single organization may not be able to address all of pregnant and parenting teens' needs, collaborations and partnerships provide opportunities to leverage capacity and meet those needs. Promoting self-sufficiency, housing stability, financial stability, successful and engaged parenting and attachment, and healthy relationships provides a well-rounded approach to meeting the diverse needs of pregnant and parenting teens, helping them to transition to independent living.

Resources

- Healthy Teen Network
    - The Core Components of Supportive Housing
    - Trainings and Technical Assistance or email Training@HealthyTeenNetwork.org
    - Helping Teens Help Themselves: A national blueprint for expanding access to supportive housing among pregnant and parenting teens exiting foster care
    - Promoting Successful Transition from Foster Care to Independent LivingA BDI Logic Model for Working with Young Families Resource Kit
    - Young Parent Video Testimonials
    - A Policy Platform to Promote Success among Young Families
    - Advocacy for Young or Expectant Parents in Foster Care
    - Gaining Support for Young Families: Mapping the Perceptual Hurdles
    - Supporting Young Fathers: Advocacy Resource Guide
    - Unique Developmental Needs of Children of Adolescent Parents: Advocacy Resource Guide
    - Another Chance: Preventing Additional Teen Births to Teen Mothers
    - Eating Well During Pregnancy for You and Your Baby: Fast Facts
    - Pregnant and Parenting Teens and Homeless Youth: Fast Facts: [link tbd]

- Advocates for Youth
    - Science and Success: Programs that Work to Preventing Subsequent Pregnancies among Adolescent Mothers

- American Bar Association
  - Adolescent Health
  - Youth Aging Out of Foster Care
  - Fathers in the Child Welfare System
- Center for Assessment and Policy Development
- Chapin Hall Center for Children at the University of Chicago
- Child Trends
- Children's Law Center of Los Angeles
- Corporation of Supportive Housing - Youth Supportive Housing
- Doula Project
- Funding sources for Second Chance Homes
- Housing Options for Independent Living Programs by Mark Kroner
- It's My Life: Housing
- Jim Casey Youth Opportunities Initiative, "Opportunity Passport" (Financial Literacy curriculum)
- Lighthouse Youth Services Training Institute
- Moving In: Ten Successful Independent/Transitional Living Programs by Mark Kroner
- National Resource Center for Youth Services
  - Power Through Choices: Sexuality Education for Youth in Foster and Group Care
- National Crittenton Foundation (also, developed a Healthy Relationships curriculum, "Within My Reach")
- National Campaign to Prevent Teen and Unintended Pregnancy
- National Resource Center for Family-Centered Practice and Permanency Planning
- Nurse Family Partnership
- "Parents as Teachers" (Parenting Skills curriculum)

Acknowledgements

About Healthy Teen Network

Healthy Teen Network is devoted to making a difference in the lives of teens and young families. We are a national organization focused on adolescent health and well-being with an emphasis on teen pregnancy prevention, teen pregnancy, and teen parenting.

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About Child Trends

Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. Our mission is to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions affect children, including program providers, the policy community, researchers and educators, and the media.

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