



Advice from the Field:

Youth Employment Programs and Unintended Pregnancy

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Introduction

The recent slump in the national economy has resulted in a rise in unemployment and state budget shortfalls and budget cuts. Workers are increasingly in need of alternative employment training and providing effective training for the U.S. labor force is an increasing necessity. Youth, in particular, are at a disproportionately higher risk of unemployment during down times. In 2001-2002, 53 percent of the 2 million employment losses in the United States were among youth 16 to 24 years old, even though they comprise only 15 percent of the civilian labor force.¹ In 2001, over 5 million 18- to 24-year-olds, about 15 percent of this population, were disconnected from both school and work.²

Youth employment programs fill an important academic and skills training gap in the U.S. by supplementing traditional schooling and by helping “disconnected youth” move into employment. One factor contributing to the success of youth employment program participants is their reproductive health; however, this important dynamic is often overlooked by programs. A strong link should be made between helping youth participants prepare for good jobs and helping them avoid unplanned pregnancy and parenthood. Becoming a parent too soon can make it more difficult for a young man or woman to gain the skills and experience required for success in today’s economy. Conversely, having a career goal that seems within reach can provide the motivation a youth needs to plan the timing and spacing of parenthood so that it fits in with other life goals. Further, many youth participants are already parents when they enter the program, and providing adequate health services for these young adults and their children are concerns for programs.

In a 2001 Center for Law and Social Policy (CLASP) survey of youth employment program staff, over 70 percent of the respondents saw unplanned pregnancy and parenting as an issue for their participants.³ Program staff most often cited child care difficulties, as well as other issues such as transportation and the stress of parenting, as factors that often led trainees to be absent frequently, drop out of programs, or have trouble retaining a job once they leave the program.

Providing family planning information and services through youth employment programs could help in the continuing effort to address unplanned pregnancy and parenthood. A recent article concerning programs that aim to prevent sexually risky behavior and pregnancy among teenagers aptly states that such programs need to be “systemically linked to other youth programs that directly address socioeconomic disadvantage” because research “paints an overall picture of heightened risk among poor and disadvantaged adolescents.” The authors conclude that organizational “partnerships would connect teenagers to a supplementary web of services as well as increase the level of coordination between a wide array of youth organizations and providers.”⁴ Such lessons easily apply to youth employment programs, which often serve low-income and disadvantaged youth.

CLASP has worked for several years to bring attention to the role youth employment programs can play in addressing unintended pregnancy by conducting research

projects (like the survey mentioned above) and by holding a meeting in June 2002 with individuals interested in these topics.⁵ At that meeting, CLASP brought together nationally renowned experts in both the pregnancy prevention and youth employment fields, local youth employment practitioners, as well as federal Department of Labor staff members, for a day-long meeting. Key lessons emerged from the meeting, including:

- 1) Collaboration and partnership by local community organizations is necessary for youth employment programs to successfully address unintended pregnancy among their program participants; and
- 2) Youth employment programs should better track the fertility outcomes of their participants in order to measure such outcomes against client needs, curricula development, and program retention.

This report further explores the connection between the fields of pregnancy prevention and youth employment. It provides “advice from the field” from five youth employment providers about their efforts to combat unintended pregnancy and to provide family planning services. In addition, it includes interviews with two experts in the youth employment and teen pregnancy prevention fields, who provide advice and essential information for practitioners.

This report is intended to provide “how-to’s” for staff in the youth employment field who wish to more innovatively integrate reproductive health education and unintended pregnancy prevention services into their programs.

Program Highlights

Many youth employment programs already provide some type of reproductive health information or services for their participants. For instance, some programs provide written materials and referrals to service providers and bring in outside speakers for one-time discussions or lectures.⁶

Some youth programs, as well, have designed programs that go beyond the norm of materials and referrals and have integrated reproductive health and pregnancy prevention with their employment services. The following program highlights focus on these types of programs and are intended to promote discussion among the youth employment community about the best ways to better integrate reproductive health information and services into their programs.

The examples listed below show how programs are innovatively changing their outreach, education programs, service provision, and data collection to focus more on reproductive health issues. Such innovations include:

- Housing various youth programs under one roof, including employment and health services, to provide a “one-stop” service facility
- Providing health insurance coverage
- Including nurses, midwives, health educators, and other health care professionals on staff
- Providing specialized training programs or bringing in outside professionals to hold educational classes on issues like parenting, family planning, STDs/HIV, and life skills
- Ensuring pregnant and parenting program participants receive needed supports to complete the program
- Establishing peer mentoring programs for discussing reproductive health
- Coordinating data collection and intake processes across programs so that clients’ needs—such as health insurance, housing, and parenting skills—are assessed more effectively
- Tracking clients/collecting data on whether they are getting needed services, including health care, to ensure that clients’ needs assessments are working
- Tailoring education and services for boys and young men, who are sometimes overlooked when discussing reproductive health
- Establishing formal referral relationships and memoranda of understanding with (MOU) with health care clinics and providers
- Renting or donating office space and resources to health care staff from outside providers in exchange for working with program participants
- Creating a formal organizational philosophy and mission that looks at youth holistically and integrating that philosophy throughout program activities



Service, Mentoring, and Constant Reinforcement

Sandra Goss is a Program Supervisor for the Maine Service Corps/Coastal Enterprises, Inc., a training program located in Lewiston, Maine. She oversees the training and employment of participants and also recruits AmeriCorps volunteers to work at the program site. While all under the age of 25, the majority of her AmeriCorps supervisees arrived not just as youth, but as parenting youth.

Ms. Goss is convinced that reproductive health education must be constant and ongoing. “It’s not about one-time education or information,” she explains. “It’s about having it clearly, day-to-day identified as a topic that is not off limits.” She runs a one-day interactive educational session near the beginning of the AmeriCorps year, a session that is funded through AmeriCorps and part of a pre-service training.

The Needs of the AmeriCorps Members

Although she now works in the youth employment field, Ms. Goss once held a job in a family planning office, where she did HIV education and outreach to at-risk youth. But her emphasis on reproductive health education is based more on the AmeriCorps members’ needs than on her own personal history. Of the nine members she supervised this year, six were already parents when they began the program; all of their pregnancies had been unexpected. Last year, two of her participants were pregnant when they began the program, but both stayed in the program. One of her new AmeriCorps members for the upcoming year is 21 years old and pregnant with her third child. “She has not started [the AmeriCorps program] yet and we are already discussing long-term birth control issues,” says Ms. Goss. Ms. Goss is determined that pregnant AmeriCorps members under her supervision finish the program, which she asserts is a supportive environment for pregnant women. Though she recognizes that there are no simple answers and that members of the program have different viewpoints on reproductive health issues, only four of her AmeriCorps members have had unintended pregnancies during the year-long program since its inception locally, six years ago.

Peer Mentoring in the Maine Service Corps

Ms. Goss annually supervises nine to 12 AmeriCorps members, who tend to be between the ages of 18 and 24. Last year, six of the nine were female. The

AmeriCorps members that Ms. Goss supervises work with adjudicated youth who need to perform community service. AmeriCorps members set up community service projects and connect the adjudicated youth with nonprofits that need their help. Because the AmeriCorps members work with youth, Ms. Goss' efforts to educate them may have ripple effects. Though the adjudicated youth do not receive reproductive health education, the AmeriCorps members who assist them are trained to make referrals to other services.

About AmeriCorps

Created in 1993, AmeriCorps is a national service program in which members are sponsored through nonprofits, public agencies, and faith-based institutions to work on education, public safety and health, and the environment. Examples of AmeriCorps activities include: tutoring and mentoring youth, building affordable housing, and cleaning parks. Members are given a stipend and health insurance while participating in the program, and after a 10- or 12-month participation period, they also receive an education voucher.

In rural Maine, AmeriCorps is run by the Coastal Enterprises, Inc., a nonprofit community development corporation creating economic opportunities for Maine people, businesses, and communities.

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Under One Roof

The Kino Teen Center in Pima County, Arizona, offers a full range of services to the youth it serves—from job training to family planning services. Diane Kerrihard, Health Services Coordinator of the Center, says that the Center consciously aims to provide services for their local youth that “meet their needs when they’re ready...by providing a comfortable, youth-friendly setting.” Ms. Kerrihard feels that the health services available are particularly important for those youth who are uninsured, pregnant, and parenting and may not have other resources. The employment and educational services assist teens who may have “difficulties interviewing for jobs, showing up regularly for a job, or who may not have finished their high school education.”

Health care, family planning, and outreach activities

One major emphasis for the Center is the delivery of health care services, which include: health education, immunizations, school and sports physicals, sexually transmitted disease diagnosis and treatment, HIV/AIDS counseling and testing, tuberculosis screening, women's health screening, and referrals. Educational programs, which are held both on-site and off-site, include topics like suicide prevention, birth control, childbirth education, parenting, and infant safety.

The family planning services at the Center include confidential services and are partially funded through federal Title X funding⁷; the county funds some of the staff and other health services for the uninsured. In addition, since 1998, through a private contract, certified nurse midwives have provided discounted prenatal care for insured and uninsured pregnant teens and those under 21.

The Center's health staff also conducts outreach to the community. Local charter and alternative high schools have used the two health educators to teach health education classes or speak to their students about health issues and sexuality in informal groups. Staff members network and partner with other community agencies, such as those that deal with housing and homelessness. The health educators attend special teen events and area health fairs and always include the center's employment and educational services in their presentations. The Teen Center has a youth advisory group that coordinates some center social activities and recently collaborated on "A Guide to Adolescent Suicide Prevention" pamphlet that was printed and distributed to 20,000 youth throughout Pima County. Both birth control and abstinence from sexual activity are, according to Kerrihard, a "definite part of every curriculum."

About the Kino Teen Center

The Kino Teen Center provides health services, job development and placement, and educational services. One job training program, called Pledge-A-Job, provides job skills and training and matches youth ages 16 to 21 with job openings that are pledged by local employers. Jobs can be full-time, part-time, summer, or after-school. In terms of educational services, the Center provides beginning and advanced computer training, teaching Microsoft office applications, typing, and navigating the Internet. A vocational education charter high school, called Pima Vocational High School, for youth 17 to 21, has a campus at the Center. Federal Youth Opportunity Grant (YOG) funds help to staff caseworkers in the Pledge-A-Job program and the vocational school. (The YOG program is a grant program for youth living in impoverished rural and urban areas. See the Baltimore YO! program story for more information on YOG.)

In fiscal year 2001, the Kino Teen Center served 7,371 youth. About 6,400 received health services, over 80 percent of them female. Almost 800 youth received services through Pledge-A-Job, and 167 attended the vocational high school. The

participants in Pledge-A-Job and the high school were about evenly divided between males and females. Overall, 69 percent of the 7,271 clients served by the Center in 2001 were Hispanic, 19 percent were white, 8 percent were black, and 2 percent were Native American.

Policies that Promote a Comprehensive Approach

The Center has developed formal policies to ensure that the variety of programs available are being communicated to the youth with identified needs.

- Health services staff at the Center attend the regular YOG staff meetings and encourage YOG staff to refer their qualified participants for health services.
- The Center is in the process of designing a new “one-stop” database, so that the same data will be collected on every youth, which is intended to better assess participants’ service needs.
- Center staff members encourage other social services providers to visit the Center. Staff members from the Women, Infants, and Children program (WIC), for instance, come to the Center two days a week to talk with youth receiving obstetric care.

Contact: Diane Kerrihard, Health Service Coordinator, DKerrihard@csd.pima.gov, (520) 740-4600.



A Captive Audience

The Milwaukee Community Service Corps’ (MCSC) life skills class has a captive audience. Corps members are paid for their participation in the program and are therefore required to take part in all components of the program: community service, vocational education, and life skills classes. The Corps brings in guest speakers on reproductive health issues, such as pregnancy prevention and HIV/AIDS. “Forty percent of the Corps members already have children. We would be negligent if we didn’t respond to the opportunity in front of us,” explains Chris Litzau, the Corps’s Executive Director. “If we don’t provide the education, no one will. We have discovered, over the years, that many of our corps members need a holistic

reproductive health program that includes the value of abstinence and combines physical, mental, and numerous other issues that collectively work towards psychological well-being.”

About MCSC

The Milwaukee Community Service Corps works with approximately 100 youth a year, ranging in age from 18 to 23. Around 80 percent of the participants have not completed high school, approximately three-quarters are male, and about 60 percent are ex-offenders. The Corps operates as a subcontractor for many organizations in the Milwaukee area, with Corps members providing various community services. Members renovate vacant homes, plant community gardens, landscape vacant lots, remove graffiti, intern in youth service agencies, distribute food for food pantries, engage in recycling projects, and construct new playgrounds. Revenue from these fee-for-service projects accounts for 50 to 60 percent of the organization’s funding. While members learn new skills and serve their communities, they can also earn a high school equivalency diploma and prepare themselves for post-corps college or trade apprenticeships.

MCSC and Its Community Contacts

Because the Corps’ has strong contacts with local organizations, it has a strong cadre of speakers for its life skills classes. For example, the Corps assists the Wisconsin AIDS Fund with its yearly art gallery fundraiser, helping prepare the chosen space for “Gallery Night.” Through this service work, Corps staff knows people at the Wisconsin AIDS Fund who have a personal commitment to the Corps and can speak to its participants.

Though many of the Corps members are parents when they enter the program, few have children during the program itself, according to Litzau. Responding to pregnancy among participants requires some accommodation, but the Corps is committed to keeping its members in the program, knowing that program participation increases opportunities for its members. The Corps provides reproductive health classes as part of its life skills program because it is focused on the long-term needs of the Corps members. “We look at what will add the most from an employment perspective and long-term developmental perspective for Corps members,” explains Litzau. For the same reasons, the Corps provides health care coverage to most program participants.

Contact: Chris Litzau, Executive Director, mcsc@execpc.com, (414) 276-6272



An Experiment with Health Education

Once a week, from 3 to 6 p.m., Health Educator Wendy Oji holds office hours for participants in Opportunities Industrialization Center West's (OICW) youth programs. In the time she's been at OICW, located in San Mateo County, California, she has already helped youths with an array of reproductive health issues ranging from irregular periods to access to contraceptives for those who are sexually active. Stephen Baiter, the Director of Youth Programs at OICW, believes that having an expert in health and sexuality issues on the staff has been a tremendous resource. "She has made students more likely to raise questions about the health and sexuality issues that might adversely impact their career interests," he asserts. "While our program encourages participants to be abstinent, the reality is that the majority of them choose to be sexually active. We cannot ignore this issue if we are to be responsible—and effective—in helping our young people realize their educational and career goals."

OICW's success with having a health educator on staff shows how unintended pregnancy prevention initiatives can be effectively incorporated into youth employment programs. In addition to meeting with participants individually, Ms. Oji has taught a sex education workshop to in-school youth in OICW's programs. The program, which was included in a series of after-school workshops, was based largely on participant questions and covered topics such as sexually transmitted diseases, birth control, and values-clarification; among other issues, the participants discussed whether they felt they were at a point where they wanted to have babies. Ms. Oji is planning a similar program for OICW's out-of-school youth in the fall and meets regularly with the summer program participants.

Ms. Oji has also been visiting local community and reproductive health clinics to discover which of them provide the best services for youth. One of her goals for the upcoming months is to strengthen the links between the program and the clinics and to run field trips to the clinics in order to familiarize OICW participants with the clinics' services. In addition, she hopes to collect information about participants' health insurance status and to inform participants about health insurance options that might be available to them, such as California's Healthy Families Insurance Program. As Stephen Baiter noted, "We are finding that there are more and more things we can do [when we have] someone with a health background on staff, which not only helps our participants a great deal, but improves our program outcomes as well."

About OICW

OICW offers a variety of programs to in-school and out-of-school youth, aged 14 to 21, in southern San Mateo County and its surrounding area. OICW programs, which serve an in-school population of around 200 youth and an out-of-school population of approximately 100, include vocational training, GED preparation, tutoring, and internship placements. Approximately 60 percent of the youth are female, and 35 percent are parents. Participants generally have a one-to-two-year relationship with OICW, though some of them return to take part in other OICW programs as they grow older and their needs change.

Why a Health Educator?

In 2001, two of OICW's in-school youth participants became pregnant. Though the students were able to continue participating in their programs, OICW felt their pregnancies highlighted a need for the organization to play a larger role in providing its participants with health and pregnancy prevention education. When applying for a grant from the California Department of Health Services (DHS), OICW approached the Teen Pregnancy Prevention Coalition of San Mateo County to see if they could collaborate. Ms. Oji was hired with the help of a state Community Challenge Grant from DHS's Office of Family Planning. She works both for OICW and for the Teen Pregnancy Prevention Coalition, through which she goes into local high schools and teaches a comprehensive (eight-to-10-hour) sexuality education class to approximately 800 students a year. An unexpected benefit of the collaboration is that Ms. Oji is able to refer students from her high school classes to OICW programs when appropriate.

In addition to having a health educator, OICW provides various brochures, flyers, and information packets to its participants about preventing unintended pregnancies. Staff members can provide participants with condoms and are willing to talk to participants about both sexual abstinence and contraceptives.

Contact: Stephen Baiter, Director of Youth Programs, sbaiter@oicw.org or (650) 330-6453



Committing to a Comprehensive Approach

Though it may seem that a conference on fatherhood would have little connection to a youth employment program, Jean Cooper, the Project Coordinator of the Baltimore Youth Opportunity Grant (YO!) system, sat on the planning committee of a regional fatherhood conference to ensure that the conference included youth-oriented workshops. She did so because YO! Baltimore takes a holistic approach to youth employment, working to increase the overall quality of life of its members. YO! Baltimore's philosophy, according to Cooper, is to look at *all* the problems affecting youth, including reproductive health, because Baltimore leads Maryland's jurisdictions in incidence of unintended pregnancy at 83 per 1,000 births. In addition, 27 percent of pregnancies among Baltimore teens are repeat pregnancies. YO! Baltimore addresses such issues by looking at the holistic needs of youth, including the provision of health and sexuality education services for participants.

About YO! Baltimore

YO! Baltimore provides an array of services, including tutoring, short- and long-term occupational skills training, job placement, and mentoring to approximately 1,400 youth. The majority of program participants ("YO! members") are out of school, although it also runs dropout prevention programs for students at four "at-risk" high schools. After program members reach their goals—usually postsecondary education; college; military service; or long-term, unsubsidized employment—the program invites them to alumni events and provides two years of follow-up case management. Approximately 57 percent of YO!'s members are female, and while few of YO!'s members have become pregnant post-enrollment, more than 450 young men and women (40 percent) were already parents when they enrolled.

Establishing Formal Relationships

YO! Baltimore shows how a youth employment program can successfully forge formal partner relationships with other organizations to provide health and sexuality education and services to its members. The program has contracts with both the local Planned Parenthood affiliate and the Baltimore City Health Department. Planned Parenthood provides educational workshops, and the Health Department provides a variety of health care services, including an on-site health suite at the west Baltimore main center and health triage and referral for all centers. Both

organizations are written into YO!'s youth development plan and are contractual partners. YO! funds the program staff and health care, clinical, and educational services provided to YO! members through federal U.S. Department of Labor Workforce Investment Act funds. YO! Baltimore has found that the partnerships it has built with these organizations have been mutually beneficial, allowing all involved to better leverage their resources. For example, young people needing employment services are referred from Planned Parenthood to YO! Baltimore.

Family Life and Education

A Baltimore YO! contract with Planned Parenthood provides training for up to 80 YO! staff members per year, through eight, 90-minute sessions on issues such as sexual abstinence and birth control methods; sexually transmitted infections; counseling skills; adult/child communication; the needs of gay, lesbian, and transgender youth; and dating violence. The workshops are optional, except for a few key staff members, at each of YO! Baltimore's five sites. Planned Parenthood's education and counseling also includes messages related to sexual abstinence.

Planned Parenthood also provides a health educator who works with YO! members. The health educator runs presentations for YO! members on topics such as birth control, sexually transmitted diseases, and HIV/AIDS, each of which she can offer up to six times a year. The health educator also runs a support group to which members can come with their questions. (The current health educator has a master's degree in counseling and is a certified health educator.)

According to a former YO! member (and currently an apprentice in the YO! Youth Practitioner Apprentice Program), the sessions with the health educator provide a time for members to share their problems and give each other advice. "She talks about things in a way members can relate to," the participant explains.

Medical and Other Supportive Services

YO! System's contract with the Baltimore City Health Department's—Healthy Teens and Young Adults Program provides youth with primary, reproductive, and vision/dental health care. The Department provides health triage services at each of YO! Baltimore's five centers and currently refers members to the Healthy Teens and Young Adults clinic for complicated services. The health suite at the west Baltimore center has a special program director and staff for the YO! System and tracks its members to assure they are screened at enrollment and receive appropriate medical care. The Department also runs health education and promotion workshops. HIV and AIDS prevention workshops are offered to all YO! centers through a relationship with the local Black Educational AIDS Project (BEAP), a non-profit organization that educates the community on reduction of risk behaviors and HIV prevention.

The Youth Opportunity Grant Program

YO! Baltimore is part of a larger national program. Thirty-six five-year YO! grants were awarded in 2000 to help youth living in impoverished urban and rural areas. By linking with local school systems and other Workforce Investment Act (WIA) programs, YO! aims to serve various needs of program participants. Youth ages 14 to 21 can access employment, skills training, educational, and supportive services. The five-year YO! initiative is intended to place youth in long-term private sector jobs, help out-of-school youth earn their high school credential, keep young people in school, provide community service work experience projects, and increase college enrollments.

Contact: Jean Cooper, Project Coordinator, jcooper@oedworks.com or (410) 396-6722

Experts in the Field

CLASP interviewed one expert from the youth employment field and another from the teen pregnancy field to solicit their advice on how youth employment and pregnancy prevention can better come together to serve both goals. Marion Pines, Director of The Sar Levitan Center for Social Policy Studies at Johns Hopkins and Dr. Michael Carrera, Director of the adolescent pregnancy programs at the Children's Aid Society, both agree that improving self-esteem through employment or employment training goes a long way in helping to prevent pregnancy. They both also agree that a holistic approach—one that takes into account all of the factors youth are facing from finding jobs to making decisions about when to start a family—is the marker of a successful youth employment program. As a means to achieving such programs, Ms. Pines encourages funders to expressly ask programs to provide pregnancy prevention activities. While Dr. Carrera encourages programs to add as many of his seven recommended youth services as possible, over time, if necessary. Though their paths may differ, the destination is the same: youth employment programs with strong pregnancy prevention strategies and subsequent high retention and employment rates.

About the Experts

Marion Pines has spent over 30 years as a practitioner and leader in the employment, training, education, and community development fields, with an emphasis on serving the most vulnerable youth populations. Currently, Ms. Pines is a Senior Fellow at Johns Hopkins University, Institute for Policy Studies and Director of The Sar Levitan Center for Social Policy Studies at Johns Hopkins. In 1996, the Center created the Levitan Youth Policy Network, bringing together national researchers, policy leaders, foundation officers, and practitioners to focus on the serious challenges facing vulnerable youth. Over the past three years, Ms. Pines has led the Levitan team in delivering technical assistance to over 200 local areas, jumpstarting the national collaborative youth planning process. Recently the Levitan Center received a Department of Labor award to act as the National Clearinghouse for Youth Development Practitioner Apprenticeship programs. Ms. Pines also created and directs Maryland's Tomorrow Statewide Dropout Prevention Program, which serves approximately 6,500 students annually. Between 1972 and 1987, she served as Director of the Mayor's Office of Manpower Resources in Baltimore City and Housing Commissioner for the city.

Dr. Michael Carrera has directed the Adolescent Sexuality and Pregnancy Prevention Programs for The Children's Aid Society in New York City since 1970. Through his work at the National Adolescent Sexuality Training Center for The Children's Aid Society he has designed and helped implement 50 long-term, holistic, adolescent pregnancy prevention programs in 20 states throughout the country. His approach, which centers on developing a multi dimensional, community-based parallel family system program is a model to increasing numbers of family and youth service organizations. Dr. Carrera's first book, *Sex, The Facts, The Acts and Your Feelings*,

has been translated into 17 languages. His two books, *Sexual Health for Men: Your A to Z Guide* and *Sexual Health for Women: Your A to Z Guide*, are widely used by health services and child care agencies. Another book, *The Language of Sex*, is a high school and college resource book. His latest book is *Working With Teens When the Topic Is Hope—Lessons for Lifeguards*. Dr. Carrera has served as President of the Board of Directors of The Sex Information and Education Council of the U.S. (SIECUS), and he has served as President of the American Association of Sex Educators, Counselors and Therapists (AASECT).

An interview with Marion Pines

CLASP: How do employment programs help at-risk youth succeed beyond the obvious, like improving their job skills and getting them a job?

Marion Pines: The emphasis now is on youth development, so a lot of that has to do with leadership, improving self-esteem, giving decision-making and responsibilities to youth. A lot of that can tie into pregnancy prevention. It's much richer—the whole approach to youth development now—is much richer than just saying "We're going to teach him how to be a welder, and then he'll be a welder." It's a much different approach now and more about dealing with the whole person. What are their assets? What have they learned? What can we build on? And, then giving them some opportunities for making decisions and for developing leadership and strong peer support groups. It's a richer menu now than we've ever had before.



CLASP: Do you think unintended pregnancy is a problem for employment programs serving youth?

MP: Of course. Every RFP [request for proposal] is written with an expectation, for example, that 80 percent of program participants will be completers, and of course, if somebody gets pregnant and drops out, they're not completing and getting a job. A lot of contracts are performance-based. People are very concerned about retention and success, and unintended pregnancies can be a big roadblock, a big barrier, and can hurt contractors in terms of actually achieving their goals. Whether it's surfaced to their psyche [that pregnancy is a big problem for programs] or just a big pain in the neck because this kid got pregnant.... More work can be done in that area.

CLASP: Do you think more work to help young parents isn't being done because it's a resource drain, and pregnant and parenting youth are taking a disproportionate share of program resources and staff time?

MP: I think some youth development/employment programs might just let the kid wash out. Or, they refer her to a social service network that could pick her up. I think there are rare programs that are funded to give the whole gamut of services within the youth development program itself. Programs could talk with a [WIA] Youth Council about developing a whole series of resources that could become a safety net: first for prevention and, then, if the youth becomes pregnant, for intervening.

CLASP: Then why do you think that the policies of youth employment programs—such as strategic plans and training manuals—often don't mention pregnant and parenting youth, or the need to partner with service providers that provide family planning services or that cater to young parents?

MP: They're pretty silent on this issue. I think it's a matter of consciousness-raising. People are talking about a gazillion issues—now they're talking about education, the youth can't read or do math. The question becomes: what else are we going to ask programs to do? The issue needs to be framed as a way of improving retention, then, by talking about pregnancy prevention.

CLASP: What would be the best role for youth employment programs in terms of addressing unintended pregnancy? Provide education, or should it be more than that?

MP: Maybe there could be suggested curriculum guides that could be sent out to Youth Councils. It would encourage Councils, when they issue an RFP in their communities, to address some of these issues in the RFP as part of grantees' activities and requirements. It's not going to be addressed by programs unless it's in the RFP.

CLASP: Do you think that youth employment programs have a role beyond curriculum and education, say, providing referrals or health care on-site?

MP: The providers are responding to an RFP that's coming from the WIB [Workforce Investment Board]. The question is: does the Youth Council have health providers on it? Does it have social service providers on it? Will the Youth Council, in the RFPs, agree to ask people how they would respond to issues dealing with pregnancy? "Describe your linkages to community health providers," that kind of thing, so that you actually ask people to think about that.

CLASP: Do you think that by providing unintended pregnancy prevention services, like family planning counseling or medical care, youth employment programs would improve the success of their clients?

MP: To the degree that it decreases first pregnancies or repeat pregnancies, first of all, it improves retention in their programs, and it improves the life prospects of the youth they're working with. They're much more likely to not be poor and [to have to] take care of children at a premature age. This goes with a gamut of issues that the vendors are dealing with: legal, health, housing issues that these kids have to face.... If they have housing, food, health services, don't get pregnant, and stay out of jail, they will be more likely to succeed in life.

CLASP: Do you have any advice that you can give to youth employment programs that aren't doing much direct pregnancy prevention right now, but want to?

MP: They will only do it if they are requested to do it and are being paid to do it—that is the situation today. It has not been laid out as an expectation. But sometimes you will get these programs who will provide many different services. For example, I visited a program last week that is run by someone who is *inordinately* sensitive to the needs of youth and she just turns up every dime she can find. She has a nurse on her staff that was cut out of her budget, but she went around and got some extra foundation money because she felt she needed a nurse on staff.

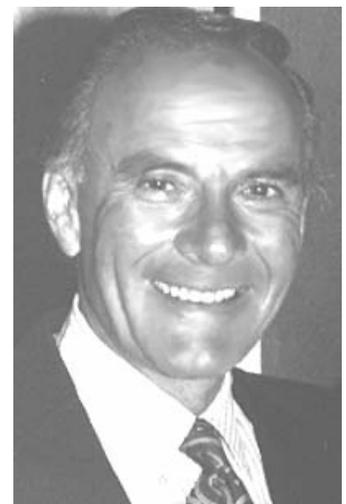
CLASP: Anything else you'd like to share on the topic?

MP: Ensuring that youth development programming includes information on healthy sexuality and access to reproductive health services can take considerable effort, time, and resources, but has the potential to improve programs' retention rates, which is of course a high priority for all program operators.

An interview with Dr. Michael Carrera

CLASP: Can you describe the Children's Aid Society- Carrera program?

Michael Carrera: The program is an adolescent sexuality /pregnancy prevention program that adheres to the philosophy that young people are not at-risk but at-promise, and that staff who work with young people need to see them as having pure potential. The idea is to engage young people over time so that they will locate their gifts and talents, and those gifts and talents will be cultivated and they'll bud and bloom. It will be good for them, their families, and the



community. In addition, we believe that it's very important for us to look at young people as if they are our own blood or kin, and that generates a special kind of advocacy and concern for their well-being, in contrast to looking at young people simply as program participants or clients or students.

The program now centers on working with 11- and 12-year-old boys and girls in cohorts of 40, 50, or 60, depending on space and resources available in the community. The locations are usually in community-based organizations, at settlement houses, Y's, Boys Clubs, and sometimes, schools. We follow the same cohort of young people from when we engage them until they graduate high school—six or seven years later. This is very unorthodox in youth services: to stick with the same cohort and not bring in new kids each program or calendar year. We do this because I've learned that in order to work successfully with the groups of young people that we work with, we need days and weeks and years of deconstruction, healing, and new growth because many of the young people we serve come from circumstances where there's enormous disadvantage and suffering.

Something that's also important in our philosophy is that we don't prevent teen pregnancies—they do. What we do is create an environment where they learn to believe in themselves and their possibilities and that has a very powerful contraceptive effect. Therefore, we believe that a lot of our work is the “above the waist” approach to pregnancy prevention.

The actual program activities (seven of them) that are driven by this program philosophy occur each week, 12 months a year, for the six or seven years that we work with these young people. The activities are education, employment, sports, self-expression (like art and theater), counseling, family life and sex education, and comprehensive medical and dental services. Each day, some combination of those components make up what we call “the rotations” that these kids go through. Each rotation is 45 minutes or longer, depending on their age and stage and what they're able to participate in. The materials that we've designed are age- and stage-appropriate.

CLASP: Why do you think that programs focusing on youth employment should be interested in what you do? What would be your message to them?

MC: When we started to do this model in 1984, the employment component, what we call Job Club, was very rapidly an extraordinarily attractive and interesting component among the kids. Actually, this was more vivid and vital than I had imagined when I was fantasizing about what it would be like. It became very, very clear to me quickly that it was important to these young people that they learn about the world of work in some age- and stage-appropriate way, which was linked to a stipend they earned for every hour they participated in the program. They had to sign in and out. I wanted to mimic what it was like to work and be on time and show how that is related to income. They liked it very much—no, they loved it. They loved getting their check every two weeks...and I saw something when they waited on line to hear their name called and get their check. There was just a kind of a swelling of esteem that you could just smell, you could see it. It became very

clear to me that this was very powerful pregnancy prevention without having to talk about sex.

CLASP: What would you say then to the youth employment programs that say "Well, good, we're doing employment activities so we don't need to do anything more on pregnancy prevention"?

MC: As I went on, it became very clear to me that the employment component *also* could not stand alone. The desirable outcome that we were looking for was healthy young people avoiding pregnancies during the second decade of life and making choices about when they become a parent—when they had a job, finished school, money in their pocket, all of that stuff. That was the sum of all of these seven components working together harmoniously on a horizontal plane, not a vertical one where one is more important than the others.

When they got all of the materials that we had been generating and all of the components simultaneously, over time the desired outcome was likely to occur—it's a systems approach.

If there are youth employment programs that feel very comfortable with their curriculum but are concerned about the loss of participants because boys become fathers and girls become pregnant, then maybe what they need to do is think about some of the other supports that the young people need that the program might be able to provide under its roof. Programs need supports that will strengthen what they're already doing with the employment, which is very good, but which is not strong enough, not durable enough in and of itself. They shouldn't feel that the employment program they are running is not so good because these young people are dropping out and their retention rate is not as high as they'd like it to be. I don't think it's because the curriculum may be weak but that the concept needs to be *broadened*. What they offer young people needs to be more related to the multiple forces in their lives, not just their interest and need for employment.

CLASP: That's the other big question—if youth employment programs want to do more but can't be as comprehensive as your program, what should they do? I know that you're a big fan of holistic, comprehensive programming for youth, but what about those programs out there that can't (or don't want to be) as comprehensive as your program—what kind of advice can you give them?

MC: This gets into a difficult area because I have an unpopular opinion that collaborating, while it sounds good and is also encouraged and supported by donors, frequently does not provide you with the best practices that are necessary to be successful. But, if you disagree with me, the way to go could be a modest expansion, and say, "Well, I can't do a seven component program, but I could maybe do another one or two of these things." And start that way. For instance, find out how much it would cost to have a counselor there who is a licensed social worker, or see what medical or dental facilities are around where people without a lot of money or insurance can still get services. Or, maybe there is a Planned

Parenthood nearby where the education person is a seasoned professional and can do a family life and sex education program once or twice a week with the participants.

CLASP: It seems that many youth employment programs already bring in speakers several times a year to talk about family life and sex education.

MC: But, having an episodic presentation once, twice, three times a year to the entire group misunderstands what it takes in order to be involved in a substantive teaching/learning interaction. They would not bring someone in from a local high school once or twice to say "Here's all you need to know about algebra." What we're talking about is a more in-depth exploration of the subject, which would lead to enhanced sexual literacy. That takes ongoing, long-term interactions between a seasoned worker and the participants. But, sometimes that doesn't fit with the groups, and getting something (which is maybe not extensive) is better than nothing. But then I think you need to have realistic expectations about what that achieves—an episodic, transitory connection that may or may not be useful to the majority of the participants.

CLASP: Anything else you'd want youth employment programs to know?

MC: They can call me, e-mail me, talk to me! Understand that there's always room to improve, but you have to have realistic expectations about how quickly you can do that. Adding one more service for young people is a step in the right direction. What can you do? Have some patience, and know that you've already helped people, and you just want to help *more*. And, [providing these types of services] is to avoid what some programs have seen, which is the falling off of retention because of some of these issues.

Conclusion

Making the link between employment and pregnancy prevention can mean greater success for youth employment programs. Though programs are currently grappling with stretching tight budgets to meet myriad needs, retention rates are likely to improve with the addition of pregnancy prevention services.

The five programs profiled here have taken significant, varied, and successful actions to directly address reproductive health. Such efforts parallel a movement in the youth development/employment services fields toward a greater incorporation of “holistic” service strategies for youth. The efforts and successes of the programs profiled here, as well as the advice provided by Marion Pines and Dr. Michael Carrera, can help other programs incorporate more reproductive health education activities and health services and, thus, better serve their participants and increase their retention rates.

ENDNOTES

¹ Sum, A., Mangum, G., & Taggart, R. (June 2002). *The Young, the Restless and the Jobless: The Case for a National Jobs Stimulus Program Targeted on America's Young Adults*. Baltimore, MD: The Sar Levitan Center for Policy Studies.

² Sum, A., et al. (January 2003). *Left Behind in the Labor Market: Labor Market Problems of the Nation's Out-of-School, Young Adult Populations*. Boston, MA: Center for Labor Market Studies, Northeastern University.

³ Cohen, M. (May 2001). *Leveraging Youth Employment Systems to Prevent Unintended Pregnancy*. Washington, DC: Center for Law and Social Policy.

⁴ Kalmuss, D. et al. (March/April 2003). "Preventing Sexual Risk Behaviors and Pregnancy Among Teenagers: Linking Research and Programs." *Perspectives on Sexual and Reproductive Health*, 35(2). Washington, DC: The Alan Guttmacher Institute.

⁵ In addition, the Center for Law and Social Policy published a series of reports about "tapping" Temporary Assistance for Needy Families funds (TANF, the federal welfare program) for youth development projects. See Cohen, M., & Greenberg, M. (January 2000). *Tapping TANF for Youth: When and How Welfare Funds Can Support Youth Development, Education, and Employment Initiatives*. Washington, DC: Center for Law and Social Policy. Available at: http://www.clasp.org/Pubs/Pubs_Health.

⁶ Cohen, 2001, Table 7, p. 33.

⁷ Title X is a federal grant program administered by the Office of Family Planning within the federal Department of Health and Human Services. Serving millions of U.S. women every year, clinics funded through Title X provide important family planning services for many low-income and uninsured women. For more information, see the Office of Family Planning's homepage: <http://opa.osophs.dhhs.gov/titlex/ofp.html>.