Teenage Mothers' Support Group:

Building skills among young mothers in preparation for socioeconomic progression

By: Sandra Rubchinuk

Project Advisor: Paul Levy

M.S. National Community Economic Development Program

March 7, 2009

School of Community Economic Development

Southern New Hampshire University

_____

Submitted in fulfillment of requirements for the

M.S. in Community Economic Development

Approved by Paul Levy

Table of Contents

Abstract

This project involved the creation and maintenance of a support group for teen mothers in Sullivan County, New Hampshire. It emphasized the complex problems that teenage mothers must overcome even before they can complete their primary education and participate in such economic opportunities as employment and acquiring a home.   Such mothers often face, for example, problems of poverty, low self-esteem and lack of confidence, isolation and depression, social stigma and lack of social support.   It has been proven that the provision of support can ease the transition of these mothers into a better quality of life.

The project's main objective was to use the mechanism of a support group to bring resources to a number of disadvantaged teen mothers so that they could develop the confidence, information, services, and social networks they need to gain stability and advance economically. The support group that was formed is still operating, is having some good success despite complications, and seems to offer a very promising way to help large numbers of teen mothers become ready to take advantage of educational opportunities and ultimately good employment opportunities.

Extensive research shows that high rates of poverty correlate with other major social and economic disadvantages. My project addressed adolescent pregnancy and teen motherhood, and although poverty didn't cause these situations, it often has a huge impact on them. It often interferes, for example, with personal health and development, creates social barriers, and restrains economic opportunities, and it is often a symptom of teen parenthood across the United States and abroad. Moreover, the notion that adolescent motherhood is a sign of moral decline and places a burden on the national economy has resulted in often mismatched services, and in many cases a lack of services for teenage mothers.

The two communities involved in my project are Claremont and Newport, located in Sullivan County. Both have high rates of adolescent mothers living in poverty. Both have high rates of high school dropouts and juvenile crime, factors that compound the lack of economic opportunity in the towns. Unfortunately, these are problems that have existed in these communities for generations. There is a significant lack of services for this population and a definite loss of hope among community members. The schools are unsympathetic to the unique challenges faced by pregnant teens and do not have a tendency to accommodate their special needs. The return to school post-partum is not made very welcoming within the school environment. The obstacles within these communities make moving out of poverty an uphill battle.

In order for these mothers to progress towards economic opportunities – earning adequate income and maintaining employment – they must first confront some complex prerequisites. They must deal with their own financial struggles, lack of family support, the presence of a major life changing event during their transition into adulthood, the demands of motherhood and often single motherhood, and typically added obstacles such as depression, addiction, domestic violence, homelessness, illiteracy, and so forth. Clearly, they can be helped during this phase of their lives. They can be helped to stabilize their lives, complete high school, and move towards economic opportunities. One method for providing this assistance is through

peer support groups. Ideally, such groups can help teenage mothers to bring balance into their lives, build confidence and capacity to utilize resources, and complete their education.

My project involved creating and operating a teen mothers' support group in Claremont. Its main objective has been to bring resources to mothers in the group so they have stronger abilities to build healthy and self sufficient lives for themselves and their children. During this project the group was able to make some measurable progress. The group was able to develop a core group of participants actively seeking support and resources to help them during this transitional period. The facilitators were able to develop a format that helped members to develop social skills, brought in outside experts on different career options, provided positive role models, and addressed specific challenges faced in conditions of poverty.

There are still tasks that remain which mostly depend on more time. The issue of second pregnancy prevention requires constant emphasis. For some of these teens, pregnancy is viewed as a fix to their problems or insecurities making attempts at prevention often balked at. Another objective left unfinished was acquiring the resources in order to create more accessible and affordable options for the completion of their education. This task requires a comprehensive network of providers which does not currently exist. Schools, service providers, and adult education programs will need to coordinate with group facilitators to devise a method for safe, supportive, and a family friendly environment in which these teens are encouraged to pursue their remaining educational coursework.

The project helped identify some of the features of strong support groups. They need facilitators skilled in group facilitation who have access to professional support for when issues arise. They need clear boundaries, for individual issues can become entangled in the group. They need individual contracts to help participants stay on task and remember responsibilities. Facilitators should realize that group formation takes time and persistence. The best method of recruitment is word-of-mouth, as teens often rely on talk in the street with friends and service providers. In other words, networking in the community and among cohorts is essential for group start-up, and teens will often continue to depend upon this network for support and information. Support groups must always be safe and always be supportive. Finally, one thing that can liven up the atmosphere of meetings and perhaps provide inspiration to participants is guest presentations.

Section 1: Community Context

1.1 Community Profile

The Town of Newport, NH is a rural community located in the south central region of the State. Newport is situated between the City of Claremont which has a population of approximately 13,000, and the Town of Sunapee with a population of 3,300. For the purpose of this project Newport and Claremont are being looked at together since they are geographically and culturally connected. The range of issues within these communities is very similar as well as the provision of services that often crossover town lines. Continued supporting information will be provided throughout this document.

The community profile presents statistics, facts, and information about these towns to help develop a hypothesis regarding the community's needs and economic standing. This compilation of data clearly exhibits that Newport and Claremont experience problems at both economic and social levels. This profile does not explain what can be done to fix the problems or the specificity of the problem but it does begin to lay the foundation from which to start working from.

Information is also included for some of the surrounding towns that are similar in size and demographics in order to compare Newport and Claremont at a broader level demographically and economically. Some of the figures most alarming are Newport's poverty rate, teen birth rate, and dropout rate.

Newport's total population for 2000 was 6,269, with 98% White population, and 98% with primary English speaking households (96%). Claremont's 2000 population was 13,151 and also was predominantly White English speaking. (Census, 2000, Demographic profiles)   The socio-economic status includes the average household income, the average family income, the unemployment rate and poverty rate. The average household income for Newport is $37,442 and the average family income is $45,508. The town of Hillsborough which is very similar in size has a total population of 5,402, an average household income of $44,500, and an average family income of $50,445. In Hillsborough the families below the poverty level is 6.7%, whereas in

Newport the percentage is 10.8%. Newport's poverty rate of 10.8% also exceeds the National average at 9.2%. The unemployment rate in Newport remained the same from 1995 reporting to 2005 totaling 3.2%. Hillsborough's unemployment rate increased from 3.2% in 1995 to 4.1% in 2005. The Census 2000 states that Claremont has a median family income of $42,849 compared to the National percentage of $50,046 (Census, 2000). A deeper look at Newport and Claremont's poverty rate compared against the statewide rate shows astonishing numbers – some of the highest in the state (*see table 1.1).*

Table 1.1 Poverty Rates

	Newport	Claremont	Sunapee	Hillsboro	New Hampshire
Families living below poverty	10.7%	13.15%	3.8%	6.7%	4.3%
Married couple families	6.2%	3.0%	1.0%	2.6%	2.0%
Families w/ single mother headed household	32.6%	18.3%	17.1%	38.9%	17.6%
Receiving financial assistance					
Families	42.1%	28.7%	0.0%	22.2%	22.7%
Married couple families	34.0%	14.5%	0.0%	0.0%	7.9%
Single mother headed home	32.6%	42.4%	0.0%	62.1%	45.5%

The New Hampshire Department of Education provides insight into school attendance rates, dropout rates, student / teacher ratio, and teacher salary. The attendance rate shows the percentage of all children enrolled in New Hampshire public schools from preschool to high school. Although the numbers are all very high, Newport has among the lowest high school enrollment percentages in the state. The dropout rate is showing a 4 year cumulative percentage for high school dropouts. Again, Newport and Claremont are among the highest percentages in the state (School District Profile Site, 2007). *See Table 1.2*

Table 1.2 School Drop- out Rates
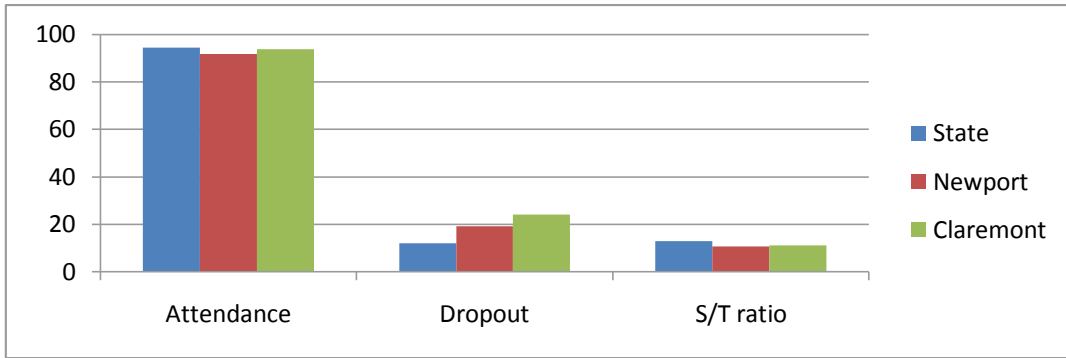
1.2 Community Needs Assessment

For further identification of the issues faced in these communities a Community Needs Assessment was conducted. In 2003 Dartmouth Hitchcock Medical Center and the Upper Valley United Way produced individualized versions of a Community Needs Assessment which categorized the most critical needs in the region. Teenage pregnancy was identified as one of the top priorities:

> Dartmouth reported that the rate of hospital births to teenagers in the Upper Valley is 80% of the Vermont / New Hampshire average. However, the rate is higher in Claremont (172%), Newport (189%), and Mascoma (130%); (A total of 55 more teen births occurred in these 3 areas between 1998-2000 than if the rate were at the average). (Dartmouth Hitchcock Medical Center, 2001)

The United Way reported that 7% of this total population is living in poverty - 27% of which have a single mother headed household with children under 18 (Upper Valley Community Needs Assessment, 2003, p.9).

The Children's Alliance of New Hampshire documented teen birth rates for 233 communities across the state, and ranked them from the community with the lowest rates (1) to the highest (233). Newport placed 229 and Claremont followed closely at 223. The Alliance also ranked communities with respect to child poverty, and Newport ranked 228 and has a child poverty rate of 23.1% (Kids Count, 2007). So while New Hampshire as a state is found to have the lowest rate of poverty, there are areas such as Newport and Claremont facing high need in regards to the well being of their youth.

These communities face problems today that are not new to them. Harsh economic conditions have existed for generations. Pregnant teens often have mothers who were pregnant teens and are still managing the difficulties. Many families living on public assistance have been doing so for lengths of time. A survey conducted in the Sullivan County Department of Corrections is another example of the generational tendencies that exist. Roughly 40% of the inmates reported having family members of either parents or children also being incarcerated (2008). One can travel most places in town to hear conversations about the hopelessness of Newport and the trouble of the youth. The community is known to have spray paint on the playground, young girls pushing baby carriages, and young children left unsupervised roaming

the streets at night. Businesses come and go and job opportunities are limited. There are people trying to support the community but the problems aren't going away. The teen pregnancy rate, juvenile crime rate, and school dropout rate are all steadily increasing.

2.1 Problem Statement

The United States has the highest rate of teenage pregnancy among developed countries. Although New Hampshire has among the lowest rates in the U.S., teenage pregnancy is still occurring – particularly in Newport and Claremont. These communities have among the highest percentages (10.7%) in the state, and yet they have limited services for teen parents. There are few accommodations made for these girls to stay in school while they are dealing with a range of emotional and physical needs. Many of the girls experience bouts of morning sickness making it difficult to get out of the house and on time for school. There have been situations when service providers have asked school administrators to accommodate a more flexible arrangement so the teens could arrive late and still be held responsible for completing missed work. The typical response has been negative and faculty recommending that these students finish their education through a GED program or night classes.

There is poor access to proper health care especially for those without private health insurance- putting the health of both the mother and child at risk. Once the teen mother has given birth there is limited availability for child care, minimal access to public transportation, few job opportunities, and inadequate programs for GED or high school completion.   All these factors compound the fact that these communities have a high percentage of people living below poverty that are single mother headed households (32.6%) with close to half (42.5%) of them receiving public financial assistance. Another effect is the high percentage of these women (18.4%) who have less than a high school education (Census, 2000, American FactFinder). *See Table 2.1, below*. Ultimately, these communities are left with a high rate of young mothers living in poverty with few resources to help them advance both socially and economically. What becomes even more critical than mere services is for these girls to have the opportunity to confront the range of obstacles they face from living in poverty. Unless these issues are dealt with economic progression becomes extremely discouraging, and often impossible.

Table 2.1: Birth Data Comparisons for 2003

Indicator	Sullivan County	New Hampshire	United States
Births to mothers under age 20	10.7%	5.7%	10.2%
Births to single mothers	36%	24.8%	34.6%
Births to mothers who did not complete high school	15.8%	9.5%	21.2%
Births to mothers who smoked during pregnancy	24.7%	14.2%	10.7%
Babies with low birth weight (<2500 grams)	8.5%	6.2%	7.9%
Births to mothers who were late to prenatal care	10.3%	1.1%	3.5%
Medicaid payment for delivery	38%	23.3%	

(Chart data summarized from NH DHHS, 2003)

Teenage pregnancy typically involves a range of highly complex issues. Some of these pregnancies are planned and some are not. These teens often have significant mental and emotional needs that can be positively influenced through peer and professional support. They tend to have very low self-esteem which paves the way for destructive behaviors and a pattern of unhealthy relationships. Many have substance abuse problems and face situations of domestic violence. Even if there are appropriate services to help such women, the presence of such a major life-changing event that interrupts their normal developmental processes prevents them from seeking and using these services. A poignant statement by Sadler and Cowlin best describe this conflict:

> The adolescent mother is struggling to find her own sense of identity while now having a 24-hour-a-day schedule of caring for a newborn. Natural tendencies to push away from family for the sake of individuality conflict greatly with the need for support in raising an infant. Most teens have not reached maturity to plan for the future or manage households. Finally, adolescent girls still may be relatively uncomfortable with their sexuality and uninformed about their changing bodies, despite being sexually active, and must cope with the physical changes of pregnancy, lactation, and the postpartum period. (2003,p.63)

This interruption in the girls' developmental stages produces long and short term effects for both the mother and the child. Compounding the issue is that many of these families are living in conditions of poverty. For these reasons, the facilitation of a peer support group is believed to be a usable tool that can nurture the development of appropriate social skills and healthy

family development. The underlying belief is that these mothers have a wealth of social capital but until they are empowered to recognize it within themselves and learn how to engage productively in their communities, their limitations will continue to present roadblocks. The support group will provide a healthy and safe environment so the mothers can continue their personal growth, postpone second pregnancies, and reach beyond themselves in both the community and workforce.

To a large extent the entire community has a major stake in supporting teenage parents. Currently, there are very few basic support services, if any, for teen moms. If this population continues to be ignored or pushed aside generational trends will continue to persist. It's time to learn that strong families build strong communities and strong communities can build strong families.   As stated by Solomon and Liefeld, "The presence or absence of opportunities for valued participation within the social contexts of family and community has been found to be associated with either school success or failure, respectively, as well as with the occurrence of adolescent pregnancy" (1998, p.139).

2.2 CED Elements of the Problem

The scope of problems faced by teen moms and their children is very large, but for the purpose of this project it can be narrowed down into a more manageable framework. The undesirable situation is the quality of life among teen mothers and their children. Statistics show that a large population of these women live in poverty and receive public financial assistance and therefore are constrained in their opportunities to advance. This is an underlying factor in the high rate of child poverty.

Newport and Claremont have similar demographics that share similar needs. These young mothers are at high risk for living a life in poverty and raising their children in stressed conditions. They share interests, space, and identity. The summation of this work is a project that builds community participation towards a desirable condition, equity among an underserved population and sustainability in the support that is offered. This has a significant economic impact. The interventions described later include:

➢ Awareness Raising: Interventions to support teenage mothers will require the collaborative effort of various sectors in the community. There is a need for a comprehensive approach to this issue and that will involve the participation of different service providers. Many community members have a negative outlook towards pregnant teens because of the hopelessness they see. By supporting these teens and easing their transition into healthy family development and economic progression a shift in public perception can occur.

➢ Advocacy: The bigger picture is essentially the need to expand efforts for teenage pregnancy prevention. The state will be invited to participate through a Strategic Prevention Framework planning report. This will identify teenage pregnancy as a major issue in the Newport / Claremont area which requires capacity building for prevention efforts. Change within our educational institutions will be looked at to increase sex education and promote a higher level of self-awareness.

- Allocation of resources: These young women will be given the opportunity to work together to build assets. They will be taught a cooperative model for child care and networking opportunities for transportation resources.   Financial management will also be emphasized to promote efforts towards self sufficiency.

- Association: Currently, Good Beginnings is located in Claremont and works to meet the needs of teen parents. As a result of this project it may be necessary to look at the possibility for an independent facility in Newport.

3.1 Literature Review

While the issue of teenage pregnancy prompts controversy and debate, that is not the objective of this project. The design of a support group is meant to recognize the barriers faced by teenage mothers, especially those living in disadvantaged communities. Research for this report highlights topics related to the economic and social stabilization for young parents. The mission is to enable these young women to make healthy and proactive decisions regarding their education, employment, and partnering in healthy relationships. This report does not assume that teenage pregnancy is an issue of right or wrong but rather a circumstance that needs to be dealt with the utmost care for the mother and child. "Although many challenges face young mothers and their children, longitudinal study of these vulnerable families indicates supportive and developmentally sensitive programs do improve both short- and longer-term outcomes for mothers and children. Successful adolescent parenting and adolescent physical activity programs (especially for girls) require social/community support" (Sadler & Cowlin, 2003).

While this project is aimed at providing a service for the mother, an equally important task is to promote the well being of the child. If we cease to meet the needs of the mother we are ultimately failing the child as well. The Casey Foundation points out:

> Children in the greatest trouble in America today are those whose parents lack the earnings, assets, services or social support systems required to consistently meet their families' needs. Most of these children are growing up in impoverished communities that are disconnected from the economic mainstream. For many young people, the "pipeline" to educational and economic success is truly broken. In the global information economy, most new jobs in the United States—about 67 percent of new jobs in 2007—require some education or training beyond high school, and the rate is expected to increase (2008).

In the case of this project, only 1 out of 9 participants was in the process of completing her high school education. The others had dropped out of school and at the time, were not enrolled in a GED program. Newport and Claremont have among the highest high school

dropout rates in the state. According to Murray, there is a direct link between quality of home life and academic achievement. People living in poverty are typically strained by their environments so that academics suffer, there is poor child health, and an inability to find good work to support the next family, which can often result in continuing the cycle of poverty (2006, p.923). Research also shows that children living in poverty have difficulty negotiating developmental tasks such as graduating high school, self-sufficiency, marriage, etc. (Berzin, DeMarco, Hogan, Shaw, Unick, 2006, p.143).

One goal of this project is to attempt breaking the cycle of poverty for these mothers and children by dealing with a range of complexities that work as barriers to economic advancement. It has been found within the context of this project, and other research, that living in poverty presents certain hardships. One group of researchers reports their findings about the effect of poverty on childhood development:

> Poverty, both directly, through poor nutrition, dangerous neighborhoods, and inadequate housing, and indirectly, through parenting styles, can negatively affect children's life chances. Poor children are more likely to have behavioral and emotional problems, be in fair or poor health, have problems in school, such as increased risk of grade repetition and high school dropout, lower college attendance and fewer total years of education, and live in poor neighborhoods and unhealthy home environments, characterized by exposure to crime and toxins (Berzin, et al., 2006).

A parallel can be made to the socioeconomic empowerment of adolescent mothers and the value of creating stimulating learning environments. Currently, there is debate around the issue of whether school systems are effectively meeting the needs of youth. At a time when the U.S. is attempting to improve the quality of education with former President Bush's "No Child Left Behind" act of 2002, data shows the greatest inequities between the highest and lowest scoring students of any nation (Mathis, 2003). If the task exists to support teenage mothers into patterns of healthy living there needs to be a system of going beyond basic services and the opportunity for positive engagement must be present. A similar relationship is made here:

> In its most basic form, education consists of a series of interactions between teacher and student, between groups of students, or between students and various school personnel. The effectiveness of even the best classroom instruction hinges on students' ability to engage positively in personal interactions. Failure to meet social expectations puts children at risk for academic failure and peer rejection. Social skills prepare the

child holistically. It adds significantly to the ability to work independently, create healthy boundaries, and respond appropriately in different situations when self awareness is critical. For most children, the majority of socialization experiences occur in school, and the ability to engage in prosocial interactions plays a vital role in their student success--and yes, it can be taught. (Schoenfeld,Rutherford, Gable, & Rock, 2008)

The issue of teenage pregnancy is highly prevalent in the United States and has received a great deal of attention. At the global level other developed countries have spearheaded efforts towards confronting this issue. Sweden has the highest success rate with their declining rate of teen pregnancy. Through liberal actions, preventative education in school systems and a not so taboo perception towards youth's sexual activity the teenage pregnancy rate has declined. Sexual activity remains consistent across National borders among the youth however, some are better prepared. One study looks closely at various efforts:

> These efforts include universal education in sexuality and contraception; development of special clinics - closely associated with the schools where young people receive contraceptive services and counseling; free, widely available and confidential contraceptive and abortion services; widespread advertising of contraceptives in all media; frank treatment of sex; and availability of condoms from a variety of sources. It is notable that Sweden has *lower* teenage pregnancy rates than have all of the countries examined, except for the Netherlands, although teenagers begin intercourse at earlier ages in Sweden (Jones, 1985).

There are obvious political differences in the United States that stunt our efforts. Sexual education is different in our schools because of educational curriculums. Health care access is not the same in the United States. Policies towards abortion vary and our cultural outlook towards sex differs. However, action can be taken to improve the quality of life for teen parents as well as increase preventative efforts is this community.

A strong argument is made by Duncan – similar to the underlying premise of this report – that the problem is not rooted in the occurrence of teenage pregnancy rather, in the way government and policy depicts teenage pregnancy as a catastrophe and threat to society. He supports the theory that teenage parenting is not a problem nor is it the cause of other social disadvantages. He makes the claim that age does not determine the socioeconomic status but in many cases the birth of a child provides motivation to seek quality employment, finish school, and recognize this as an opportunity for change. Duncan suggests that instead of creating policy based on the view that teenagers are incapable of handling pregnancy and the responsibilities of parenting policy maker's work to enhance service provision which supports the best direction

for parents. That means attacking the obstacles they are presented with such as the conflict of attending school or work, and the need for child care. (2007, p.308-329)

3.2 Project Plan

The project plan was to create a peer support group for teenage mothers and pregnant teens living in Sullivan County. By organizing the following components the group was designed to create a safe place for these teens to come together and learn essential life skills which will ease their transition into responsible adulthood. The project relied on planning which consisted of recruitment efforts, facilitation, arrange guest presentations, time, location, resources for continued education, transportation assistance, free child care, and a free meal.

The plan to recruit members included promotional literature, an open house, and word of mouth from service providers and peers. The group was supported by Good Beginnings in Claremont, held in the Diana Love Center which is well known in the area and a trusted resource by community members. The group was planned to begin on September 15th, 2008, and meet weekly for a 2 hours. The facilitation was to be conducted by 2 women; the project manager and a Good Beginnings staff member. The organization and format for the group was left to the discretion of the facilitators. The issue of transportation needed to be considered since many of these girls struggle with transportation and the cost of gas was at such a high price. Another aspect for the group was how to incorporate a means for participants to continue their education. Several different methods were looked at including on-site tutors, and subsidized costs for existing GED programs. Availability of free child care and a free meal were also included in the plan. The participants were to include pregnant teens or mothers from the age of 12 – 20. The group was expected to attract anywhere from 5 to 15 participants, and it primarily targeted girls in the greater Claremont and Newport areas.

The goals for this project were to address the basic needs of teen parents living in conditions of poverty. As presented by Rivera (2007), community economic development consists of basic principles that include the following:

> ➢ **Community**: Refers to change the happens in a community – particularly in marginalized communities. A community can be determined by groups of people that share something, either space, identity, or interests.

- ➢ **Development**:   The transition from an undesirable condition to a desirable one through various interventions such as raising awareness, associating with larger scale representatives that can influence the condition, advocacy, and increasing resources.

- ➢ **Economic:**   Refers to the economic component of the interventions. Either the outcome or the condition has a degree of economic impact.

Rivera goes on to explain that CED is not a mere sum of its parts but is further guides by a set of beliefs that include community participation, sustainability, and equity.   (NeighborWorks America, 2007)

As mentioned, teenage mothers living in poverty have a range of complex emotional and physical needs. This project recognizes the need to address these issues before these girls can proceed to utilize economic opportunities they may encounter. If these needs are not met the chances for advancement are significantly reduced.

Logic Model

Long – Term Outcome	Improved quality of life for teen mothers and a stronger ability to move out of poverty through increased self-sufficiency, completed high school education and the ability to acquire helpful resources.		
Intermediate Outcome	Awareness towards personal obstacles and increased insight for how to cope with them. Increased social skills and resources for economic growth. Proactive and healthy decision making for the well being of self and child due to higher self confidence and academic standing.		
Short – Term Outcome	Help stabilize life skills, and parenting skills for adolescent mothers	Increase network for teen moms and develop shared resources	# of teen parents successfully complete GED
Outputs	Higher # of teens participating in support group	Higher # of out – of – town participants through utilization of transportation assistance.	Tailor GED program for participants
Activities	-Distribute flyers -Conduct weekly teen support group -Facilitators coordinate format -Bring in outside experts for presentations -Organize resources	-Good Beginnings staff available for transportation assistance registration calls -Weekly driver for support group	Evaluate students needs and academic standing
Inputs	Group format, outside experts, meeting room, free child care, and free dinner -Flyers for group promotion	Registration process and transportation access to and from weekly support group	On-site academic tutor, classroom space, supplies, and free childcare

3.3 Host Organization

Good Beginnings is a non-profit organization located in Claremont whose mission is to promote optimal health and well being of families and children in Sullivan County. It is the founder of the Diana Love Center which houses numerous family support agencies in one building. Good Beginnings is a primary prevention program offering comprehensive family support services to all families regardless of ability to pay. The services provided by Good Beginnings include:

- home visits by nurses and certified parent educators to any pregnant woman or family expecting a baby or who has a young child
- parent education classes and support groups
- case management services
- lactation consultation and childbirth classes
- resource and referral services
- a supervised visitation center where non-custodial parents can have visits with their children
- a children's boutique with affordable quality children's clothing, books, toys and furniture

While some teen mothers may utilize direct services the only other support is through a teen moms support group. There are currently no services in Newport that directly meet the needs of expectant teens and teen moms. (http://sullivancounty.goodbeginnings.net/, 2008)

Good Beginnings has inconsistently provided a teen mothers support group since 1997. Over time, funding has remained while capacity has fluctuated. Various facilitators have stepped in at different times and run the group in different ways. The group has stopped running since the spring of 2006 due to lack of capacity. As a means of connecting with this project Good Beginnings agreed to host it again. A Good Beginnings staff person will be serving as co-facilitator along with the project manager. Flexibility has been given to both facilitators to run the group how they see fit and report periodically to the Executive Director.

4.1 Project Implementation Planning

As outlined in the design, there were a number of tasks dedicated to the implementation of the support group. After the location and time were scheduled the next important task was the facilitators formatting an agenda and the structure of the group. As authorized by Good Beginnings this was left to the discretion of the project manager and co-facilitator. Although the co-facilitator was a staff member of Good Beginnings and the project manager was independent of the organization, it was assumed that both parties share equal involvement in planning the outline of the group. After several meetings, some basic ideas were shared, the ultimate goals were agreed upon, and tasks for outlining the group sessions were distributed.

The format of the group included hosting monthly presentations of outside guest speakers. It was determined that the speakers would present on different career options, useful resources in the community, and skill building topics. Speakers such as a representative from a newly coming dental clinic, a planned parenthood representative, a nursing student, hairdresser, and a fitness class instructor all came with presentations to the group. This task was primarily delegated to the project manager and was fulfilled completely.

Another aspect of the format was the structure of the group (see Appendix 1). We emphasized the flexibility of the agenda but felt it necessary to provide some flow for the group. Different parts of the agenda were taken on by either the staff or project manager. It was agreed that the project manager would carry out the opening session of group where members had time for check in and could bring up particular struggles that were occurring either in parenting or personal circumstances. This time was shared over dinner and was somewhat informal. Initially, the group members were asked to sign an individual contract where they identified personal goals and ground rules for the group. During this time, members were also responsible to speak on behalf of the progression towards their goals. There was another time slot that was open for the weekly activity which varied from curriculum based, or the guest

speaker, journaling, or a craft activity. The staff member took responsibility for organizing the journaling and craft nights, and the project manager was responsible for guest speakers and curriculum based activities. Facilitators took turns preparing dinner, and the staff person was typically responsible for the closing session.

Both facilitators were responsible for recruitment. A standard flyer was designed and key locations were identified for posting. We targeted grocery stores, consignment stores, public restrooms, medical facilities, restaurants, and primary service providers. We also coordinated with Good Beginnings home visitors to refer their teen clients to the group. After these attempts proved relatively unsuccessful, recruitment efforts were reshaped. The project manager approached the young mothers group that also meets at Good Beginnings. With the support of the Executive Director, $10 gas cards were offered to these moms as incentives to refer teen moms to the new group. This strategy produced an immediate impact attracting 3 new teens to the group. From that point, the group slowly began to grow.

The method for transportation assistance was intended to expand over time as it acquired more support. Good Beginnings has originally agreed to pay for taxi service to transport members in need, but in efforts to save money the facilitators agreed to share the responsibility for carpooling. The project manager typically picked the girls up for a ride to group, and the staff person would drive the girl's home. We would try to arrange the need for transportation during the group session for the following week.

Good Beginnings had an on-site childcare room available for our use. They coordinated a volunteer provider and the service was open for the teen moms to use during group. Good Beginnings also provided us with funding to provide a meal each session. The facilitators used this as an opportunity for providing meal planning skills and nutritional cooking. Quick and nutritional meals were planned and responsibility for cooking and shopping were shared. Meal planning was supposed to occur monthly but was typically carried out the week prior or sometimes the night of group. The following Gantt chart serves as an outline for implementation tasks and expenses.

Project Implementation Plan and Budget Matrix

Period of May '08 through April '09	Budget	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Outcomes
Groundwork														
Collaborate with host organization	0.00	■												PM developed intern relationship w/ Good Beginnings
Survey staff & clients	0		■	■										Identified key issues
Schedule date, time, location, & features	0				■									Monday's 6:30 to 8 at the Diana Love Center
Claremont Teen Support Group														
Organize agenda	0				■	■	■	■	■	■	■			Created flexible agenda
Outline group objectives	0				■	■	■	■	■	■	■			Safety, teach social skills, serve as resource network
Guest presentations	0					■								Scheduled 3 months of speakers
Determine & learn curriculum	0					■								Role play for teenage mothers
Craft activities	$50					■	■	■						Sewing, journaling, scrapbooking
Features	0													
Transportation	0					■	■							Volunteer carpool w/ facilitators
Childcare	0					■								Free childcare
Free meal	$700					■	■	■						Facilitators prepare meals
Continued Education Program												■	■	
Identify GED tutors & resources	0						■	■	■	■				Resources very difficult to organize and determine funding.
Identify GED candidates	0									■	■			

4.2 Project Implementation Report

The original implementation plan did not come to complete fruition. Upon initiation of the support group it was quickly realized that the two facilitators were not in agreement about the format of the group which presented major setbacks in the original planning. It became crucial that the facilitators determine a compromise for how to best facilitate the group together. Unfortunately, this conflict ended up requiring significant time and resources which ultimately detracted from the original plan.

The biggest disagreement was how to facilitate the group, although it was generally agreed upon during the planning phase. Originally, the facilitators agreed that some flexible organization for the group was necessary and that group members needed to respect certain boundaries, maintain progress towards the individual contracts, and work towards active participation within the group. Once the group began, these priorities seemed to change for the co-facilitator and she was much more comfortable having the group be free of structure and allowing of boundaries to be crossed. There were several attempts between the Good Beginnings Executive Director and both facilitators to resolve this issue however, the underlying personality differences remained producing a level of tension.

Another set-back was the extreme difficulty in pulling together all the required resources. Once a core group of participants settled into the group it was realized that a GED program and a coordinated transportation service would take a lot more time than was allotted for this project. In this circumstance the project manager was working in an isolated position with no direct affiliation to the host organization or any other resources – making the original plan more grandiose than expected. The following chart depicts the activities that were intended and accomplished during the implementation phase of this project.

Project Implementation Chart 4.1

Activities	Timeframe	Source	Outcome
Preliminary meetings to discuss group format	3 meetings	Project manager, co-facilitator, Good Beginnings ED.	Shared ideas about group, outlined tasks for facilitators, and gathered info about history of group structure
Host open house for group promotion and introduction	1 night (Sept.15, 2008)	Project manager and co-facilitator	2 teen moms came and wanted to come back
Organize schedule and format for group	2 meetings	PM & CF	Disagreements arose towards actual structure of group session creating the need for an ongoing discussions related to group facilitation
Invite guest speakers	Monthly	PM	Presented 4 guest speakers with informative topics
Designate drivers for transportation assistance	1 meeting	PM and CF	Disagreements between facilitators grew tension towards service. Alternated driving between PM & CF
Host weekly support group	Monday's; weekly	PM & CF	Ran weekly support group with attendees ranging from 2-5 per group. Total of 9 participants from Sept - Feb
Weekly meal planning	Very disorganized; took place weekly sometimes before group	PM & CF	Provided free meals for groups. Usually prepared, sometimes take – out.
Coordinate resources for on-site GED tutoring	2 months	PM	Due to building tensions with CF, the time allotted for this task was designated to previous tasks

5.1 Monitoring

There were few features of the group that could be monitored week to week. Most had to be observed over time by the facilitators. Some of the concrete data that was collected included member participation, effectiveness of recruitment efforts, number of members utilizing transportation and childcare, level of engagement with various activities, economic participation, health care, and achievement of individual goals, although at times, this progress was more recognizable for the facilitators then for the member. The more observable measurements that were noticed over time were the change in body language and attitude towards other members. Facilitators were able to notice behaviors for developing healthy relationships, change in parenting skills, attitude towards their children, and quality of home environment. Both the project manager and co-facilitator took weekly notes on the progress of the group. The weekly notes and attendance sheets became the only monitoring instruments used for the group. The following chart shows monitored activities and outputs.

Monitoring Matrix for September 2008 through March 2009

Activities	Dates	Status	Timeli-ness	Explanation for Delay	Alternative Action	Attainment of Output
Level of participation and engagement	**Start:** 9/10/08 **End:** 2/23/09	Complete	On-time			**Target:** 10-15 teens participating in group **Current**: Growing participation – 5 teens; 9 over time. Overall progress for involvement
Implement car pool transportation assistance	9/22/08 to 2/23/09	Complete	On time			**Target:** Increase attendance and include Newport teens. **Current**: No increase of participants but 3 teens utilizing carpool
Bring in monthly expert speakers	11/24/08 to 2/23/09	On-going	On-time			**Target:** Increase knowledge/awareness among teens. **Current:** 4 guest speakers; teens gained knowledge
Economic participation	9/22/08 to 2/23/09	On-going	On-time			**Target:** raise awareness **Current**: Increased awareness for members
Identify resources for GED on-site GED program	12/09	Not started	Delayed	Capacity has been limited	Extend start date into December to identify resources	**Target:** Commence on site GED program **Current**: Not applicable

5.2 Evaluation Plan

This project started out with a level of grandiosity in the design and planning phase. As mentioned, the project manager was starting from a place without affiliation to any organization or resources. The task of creating those resources was a major accomplishment. The group itself did not produce the ultimate goals it was intended to but it did make measurable progress. The group was a safe and reliable place where teen mothers would congregate to share personal struggles and reach out for help. Members began to have an understanding that they could rely on each other and they could want more from life. They saw positive role models in the group that were working to achieve personal goals and fought their way to success with their employment and social standing. More direct benefit seen in the group was when 2 members acquired new housing, 1 member purchased a car, and 1 member enrolled in nursing school.

When the group first started the facilitators did not determine a means for formal monitoring and benchmarks were not identified. Looking back, benchmarks such as the group utilizing outside resources, community participation, financial management, self-sufficiency, and personal decision making could have been tracked. Another useful measurement that should have been tracked was the efforts for 2nd pregnancy prevention. If properly applied, this may have not only monitored progress but worked to hold members accountable to their decisions related to protected sex. For the future it would be valuable to implement an in-take survey and another throughout the duration of the group so to better track progress.

More time was essential in order to pull together the resources necessary for an on-site GED program. Even then, the group would have required more participation to make a program like this feasible. It would have taken more funding then was available to incorporate this resource. The cost of books, tutors, and supplies far exceeded the funds available for the group. Time was not only important for the collaboration of resources, it was vital the progress of the group. It takes significant time to organize and host a teen group. It was observed in this project that once members started to come, more would drift in. Teens want to be assured that a group will be safe and reliable so it may take them watching from afar before they decide to walk through the door.

Evaluation Plan Matrix

Outcomes	Indicators	Data Gathering Methods	Sources	Timeframe
Short term outcome 1: Stabilize life skills and parenting skills of teen mothers	• Group attendance • # of teens connecting with additional resources	Document review Document review	Attendance records Facilitator notes	Weekly Weekly
Intermediate Outcome: Increased personal financial management. Proactive and healthy decision making for the well being of self and child due to higher self confidence and academic standing.	• # of teens with bank accounts • Level of involvement in community among teens	facilitator notes Facilitator notes	Self report Self report	Semi-annually
Long-Term Outcome: Improved quality of life for teen mothers through increased self-sufficiency, completed high school education and support of other teen parents.	• # of teens with HS education or equivalent • # of teens employed • Children enrolled in preschool / daycare program	Document Review Document review Document review	NH Dept. of EDU Survey Survey	Annually

5.3 Sustainability Plan

Due to the growing tensions between the facilitators the project manager felt it necessary to terminate involvement. The co-facilitator will maintain the support group with additional support from Good Beginnings. The model for the teen mothers support group is reasonable and should have no problems being recreated elsewhere - unfortunately it was not able to see its full potential during this particular group. The Executive Director recognized the oversights on their behalf and had committed to invest time and additional resource to get the group on track.

With the current economic crisis in America its presumable there will be more people in need of support and the pregnant teens who are not utilizing the group may decide to do so in short time. The future holds a great deal of hope for the way in which communities decide to invest in social capital. For too long we have seen an isolation of social problems and disadvantaged communities. Now may be the time that society becomes more cohesive and accountable for the strength and resiliency of all its members. This shift could result in greater support for groups like these. Rather than seeing hopelessness of pregnant teens and teen moms living in poverty, we can begin to ask ourselves what changes we can make to support their opportunity for change and growth. There is a wealth of creative programs and accommodating services that Newport and Claremont could learn from in order to provide the utmost opportunity for youth living in poverty.

This model for the teen mothers support group is relatively sustainable. Depending on how it is structured the costs can be kept minimal. The objectives did change slightly over time. After recognizing the difficulty in acquiring the necessary resources for full implementation the project had to be scaled down. It became a project which originally intended to include a family friendly, affordable GED program to a peer support group that was designed to address the complex needs of teenage mothers so they could advance economically. This was a big enough project in and of itself.

The tension between the facilitators was largely unexpected and undoubtedly impacted the effectiveness of this project. The objectives for this group relied heavily on the structure and format of the group. When this task could not be carried out the objectives became somewhat obsolete. The original group will most likely continue as a social network that provides free time for teen mothers to gather and participate in various craft activities. While the social networking is an important element for the group, it most likely will not produce stimulus for economic advancement for the participants.

If this situation had been different the group could have headed in a much stronger direction and fulfilled its original objectives. Even with the little structure there was, the girls were ready to form a cohesive network and enhance their ability to reach out into the world around them. They wanted to reach beyond what was in front of them and they wanted to provide good lives for their children. They started to feel they could do this with the support of the group. Had the format held together and been implemented, some real success was possible.

An objective that was partially achieved was the transportation assistance program. There needed to be more funding available for coordination of a full scale transportation program. This objective relied on the use of a large van that could seat the teens and child car seats. The organization was not agreeable to expand efforts in this direction and time did not allot for the project manager to undertake this initiative.

The most successful outcome of this model was in recruitment of new members. The flyers and newspaper postings didn't work nearly as effective as the incentive program. Utilizing the voice of previous members to spread the word to their peers brought immediate results. We were able to provide anyone that successfully referred a teen to the group with a $10 gas card and it worked. We also provided a 2nd card if the girls came for 4 group sessions, which provided incentive for their friend to keep encouraging their participation. This didn't work as effectively but did receive some support.

For the future, it is suggested that either one person facilitate the group or in the case of 2 people there be a clear understanding and commitment towards outlined objectives. Facilitators must be compatible even if they have personality differences. They need to be able to support one another and assist each other through the development of the group. It is also highly recommended that the facilitator have access to someone that can debrief them periodically. When working with teens it is easy to overlook issues that may grow if left unaddressed. Being able to talk through the dynamics of the group could provide an insight for how to prevent a situation from escalating.

Time is critical in both planning and implementation of a group. It helps to have a full understanding how the group will run week to week. When details are left to be figured out over time it results in an inefficient use of time and energy. For example, the meal planning was nothing that was determined prior to the group. Week to week someone would decide what to cook, do the shopping, and scramble to prepare the meal. This is a task that is easy enough to plan in advance and frees up time for other things.

Other factors to be considered for a group format are how to incorporate smoke breaks and the presence of children. There were many instances when the mothers did not want to leave newborns in the childcare room. While this was a reasonable request, the presence of a baby created a major distraction for most members. Another distraction that came up was the need for smoke breaks. While smoking was not condoned – especially in the case of pregnancy – there would often be girls leaving the group at various times to sneak a cigarette. By scheduling a smoke break it was found to be a more efficient use of time. However, this can be incorporated into the individual contract for an area that has progress to be made. We found by

doing this, over time the girls were willing to withstand the 2 hours without a cigarette and the group was able to congratulate them on their achievement.

Another recommendation is to incorporate some type of contract.   The full implementation of this contract was not upheld but it has proven to work in the past.   The opportunity is given the group to define ground rules to be adhered to by everyone. Things like no cursing, no cross talking, attempt full participation, and confidentiality.   By allowing the group to formulate their rules there tends to be greater acceptance of them. Then the girls have space to identify personal goals they want to achieve. This helps to set benchmarks for their progress and guide the group towards these points of accomplishment. Then there is a sign off to maintain attendance, call a group member in the case of absence, and agree to practice protected sex outside the group.

Overall, this group was seen as a success. Had it been different between the facilitators the group could have produced even more measurable outcomes. However, the situation presented a learning experience that is always something to be grateful for.

Loose Format for Teen Group

Monday's 6-7:30

6 – 6:10   Settle in time. Get kids to childcare, welcome and introduce newcomers, order dinner if necessary. Fill out attendance sheet.

6:10 – 6:45   Open the group (Facilitator)

Sit informally in the sitting area and start check in / week in review.

- Members individually share about their past week.
- "Share your birth story" we ask newcomers to share their pregnancy and/or birth story. **OR** Question of the week: we ask one group member to come to group with a question that everyone can offer feedback to.

(Around 6:20 we can pick up food and continue discussion through dinner)

6:50 – 7:30   Craft / speaker / activity

7:30   Close the group (Facilitator) : with a brief word towards confidentiality of the group and respect of individual members.

Weekly Topics

Week 1:   Curriculum based; either role plays for teen moms or financial literacy.

Week 2:   Mothers Journaling

Week 3:   Cooking dinner and Guest Speaker

Week 4:   Craft; scrapbooking, sewing, beading, etc.

References

Annie E. Casey Foundation. (2008, July). *Our Work: Education*. Retrieved July 21, 2008, from

http://www.aecf.org/OurWork/Education.aspx

Berzin, S. D. (2006). The effect of parental work history and public assistance use on the

transition to adulthood. *Journal of Sociology & Social Welfare , 33.1*, 141-161.

Children's Alliance of New Hampshire. (2003). *Kids Count New Hampshire Databook.* Retrieved

August 7, 2008, from Children's Alliance: http://www.kidscount.org/cgi-

bin/cliks.cgi?action=rank_results

Commerce, U. S. (2000). *American Fact Finder.* Retrieved October 22, 2008, from U.S. Census

Bureau: http://censtats.census.gov/data/NH/0603301952580.pdf

Community Benefits Coalition and Dartmouth - Hitchcock Alliance. (2001). *Upper Valley and

Sullivan County Needs Assessment.* Retrieved October 24, 2007, from Dartmouth

Hitchcock Medical Hospital: http://dhmc.org/webpage.cfm?site_id=2&rg_id=532&morg

Duncan, S. (2007). What's the problem with teenage pregnancy? And what's the problem with

policy? *Critical Social Policy , 27*, 307-334.

Gable, R. R. (3008). ENGAGE: a blueprint for incorporating social skills training into daily

academic instruction. *Preventing School Failure , 52* (3), 17-28.

Good Beginnings. (2008). *Good Beginnings of Sullivan County*. Retrieved May 6, 2008, from

About us: http://sullivancounty.goodbeginnings.net

http://reporting.measuredprogress.org/nhprofile/reports.aspx. (2007). Retrieved October 24, 2007, from New Hampshire Department of Education: www.ed.state.nh.us/education/

http://www.nhes.state.nh.us/elmi/htmlprofiles/pdfs/newport.pdf. (2007). Retrieved November 1, 2007, from State of New Hampshire Department of Employment Security: www.nhes.gov

Jones, E. (1987). Teenage Pregnancy in Developed Countries. *Family Planning Perspectives , 17*, 53-63.

Mathis, W. J. (2003). *No Child Left Behind: What are the costs? Will we realize any benefits?* Office of Educational Research and Improvement. U.S. Department of Education.

Murray, S. (2006). Poverty and health. *CMAJ: Canadian Medical Association Journal , 174.7*, 923.

NeighborWorks America, a. R. (2007, August). The Logic Model – An Essential CED Tool for Outcome-based Program Design, Marketing, Monitoring, and Evaluation. Washington, D.C.: Neighborworks Training Institute.

New Hampshire Department of Health and Human Services. (2003). *Health Statistics and Data Management Birth Query Tool.* Retrieved October 24, 2007, from NHDHHS: http://www.dhhs.state.nh.us/DHHS/HSDM/Birth+Query+Tool

Sadler, L. S. (2003). Moving into parenthood: a program for new adolescent mothers combining parent education with creative physical activity. *Journal for Specialists in Pediatric Nursing , 8* (2), 62-71.

Solomon, R., & Liefeld, C. P. (1998). Effectiveness of a Family Support Center Approach to

    Adolescent Mothers: Repeat Pregnancy and School Drop-Out Rates. *Family Relations ,*

    47 (2), 139-144.

Sullivan County Department of Corrections. (2008, Februarty). Inmate Survey. Unity, NH.

    Upper Valley United Way. (2003). *Upper Valley Community Needs Assessment.* Lebanon,

    NH.