

## Promoting What Works: Approaches for Supporting Pregnant and Parenting Adolescents

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*Gaps, Challenges, and Opportunities for Action*

Symposium of the Office of  
Adolescent Pregnancy Programs and  
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## Pregnant and Parenting Students Have Civil Rights: Title IX

- Basic **non-discrimination** principle for recipients of federal funding
- Education programs and activities cannot discriminate on the basis of pregnancy
- Must treat pregnancy *and all related conditions* like any other temporary disability
- Also creates requirements specific to pregnant and parenting students.

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## Title IX Regulations on Treatment of P/P Students

- Equal access to school and activities.
- Special programs or schools must be *voluntary*.
- Doctor's note can be requested only if done for all students with conditions requiring medical care.
- Absences must be excused for as long as student's doctor deems medically necessary.
- Special services for temporarily disabled must be offered to pregnant students too

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### State and local laws can provide more specific protections.

- e.g., North Carolina, New York City:
  - Absences due to the illness or medical appointment of student's child must be excused if he or she is custodial parent.
  - Homework and make-up work shall be made available to PPS during absences.
  - To extent necessary, homebound teacher shall be assigned.

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### Policy Gaps/Barriers: Education

- School staff: unaware, don't care, or worse
- Under-enforcement of Title IX in this area
- Lack of data
- Diminishing resources
  - Child care
  - Pell Grant cuts
  - Secondary school supports/services

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### Opportunities for Action

- From civil rights law to good educational policy: What *can* and *should* be done to improve the graduation rates and success of pregnant and parenting students?

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## Federal Legislation: Grant Program

- Pregnant and Parenting Students Access to Education Act of 2010
- Soon to be reintroduced
- Rep. Polis (D-CO), Rep. Chu (D-CA)
- Formula grants to all states
- Competitive grants to local school districts
- Small percentage reserved for Dept of Ed

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## More on PPSAE Act

- Focus on policy review and changes
- Coordination and planning
- Funding for educational and related services
- Improving school climate for pregnant and parenting students, to help them stay in school and succeed
- School districts can leverage existing resources

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## Federal Legislation: ESEA

- Focus on improving graduation rates for groups of students most “at risk” must include a focus on PPS
  - Disaggregated data
  - State and local school district plans
  - Professional development
  - “Successful, Safe & Healthy Students”

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## Policy Gaps/Barriers: TANF

- Minor parent living arrangement rule
- Limit on number of recipients can participate if in HS or CTE program and still be considered “working”
- 60-month lifetime limit takes effect for young parents in education and training activities at age 19, when most have not yet completed their education.

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## Policy Gaps/Barriers: TANF and Child Support

- Wisconsin research: changing rules so child support payments go to the family rather than to reimburse welfare encourages more fathers to pay child support.
- Some states require fathers to reimburse Medicaid birthing costs as well as TANF payments. This discourages est. of paternity and saddles new fathers with large debts, making it harder for them to pay regular child support.
  - President Obama’s budget for FY 12 would ban this practice.

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## Policy Gaps/Barriers: Reproductive Health Services

- Title X-funded providers must offer confidential family planning services to adolescents; cut by \$17 million in the FY 2011 CR.
- Only 16 states allow those under 19 to be eligible for Medicaid family planning services.
- Emergency contraception only available without a prescription if age 17 or older.
- Even if adolescents have coverage for contraceptive services via parents’ insurance plan, not confidential.

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## Policy Gaps/Barriers: Mental Health Services

- Over 8.2 million children under 18 (10%) lacked health insurance in 2009, including nearly 4 million (12%) adolescents ages 11-18.
- According to APA, less than 1/2 of children and adolescents with mental health problems get treatment; only 1 out of 5 get treatment with mental health professional trained to work with children.
- According to National Alliance on Mental Illness, since 2008, 32 states and the District of Columbia have made cuts to mental health services.

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## For more information:

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