



Boston City Council
Committee on Women and Healthy Communities
Ayanna Pressley, Chair

December 14, 2010

Dear Councilors:

The Committee on Women and Healthy Communities held a hearing to discuss Docket #0225, An Order for a Hearing on Teen Pregnancy. This matter was sponsored by me and was referred to this Committee on February 3rd, 2010. The public hearing was held on March 29th, 2010 at which public comment was taking. On September 30th, 2010 a Working Session was held on this Docket, and relevant stakeholders were invited to review and offer recommendations for revising the Boston Public Schools School-Age Parenting Policy.

Attached please find an informational report on Docket #0225. At tomorrow's hearing there will be a Resolution Urging the School Committee to Revise the School-Age Parents Policy, for your consideration.

For the Chair:

Ayanna Pressley, Chair
Committee on Women and Healthy Communities

Report of the Committee on Women & Healthy Communities:

**Revising the School-Age Parents Policy
of the Boston Public Schools**



Report to Members of the Boston City Council

December 15, 2010

Presented for the Committee by Ayanna Pressley, Chair

INTRODUCTION

On March 29th, 2010, City Councilor At-Large Ayanna Pressley, Chair of the Committee on Women and Healthy Communities (hereinafter referred to as the Committee), held a hearing on teen pregnancy (Docket #0225) to explore the risk factors for and the outcomes related to teen pregnancy. Many concerns were raised by city officials, advocates, and parenting teens including the connection with intimate partner violence, the need for social-emotional supports for young people, and the need for comprehensive sexual health education in all Boston Public Schools (BPS). The paramount concern raised by many, however, was the dire social and economic hardships teen parents and their children face, particularly if they do not complete their high school education.

The Committee began exploring existing BPS efforts aimed at helping pregnant and parenting youth complete their education and discovered a Policy Statement on School-Age Parents (hereinafter referred to as the Policy) adopted by the School Committee in 1983 and last revised in 1988. During the FY11 Budget process, school officials confirmed that the Policy had not been updated since that time. As such, Councilor Pressley conducted a Working Session (Docket #0225) on September 30th, 2010 with relevant school and health officials, advocates, providers, and pregnant and parenting students to review the Policy and gather recommendations for how it can be strengthened.

The following report presents data about the scope of teen births in Boston, summarizes the Policy, and presents feedback provided during the working session. The report concludes with a request for immediate review and revision of the Policy by the School Committee and includes specific recommendations for its consideration.

TEEN BIRTH DATA (BOSTON)

Since 1999, Boston has maintained a higher teen birth rate than Massachusetts. Figure 1 shows the birth rate per 1,000 among 15-19 year olds in

Boston and Massachusetts.¹ In 2008 (the latest data available) Boston's teen birth rate was 26% percent higher than the state teen birth rate.

Figure 1.

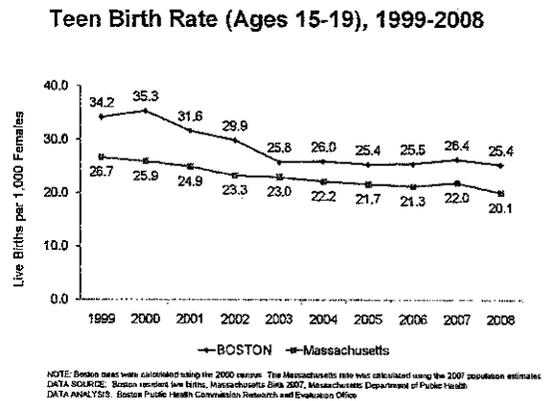
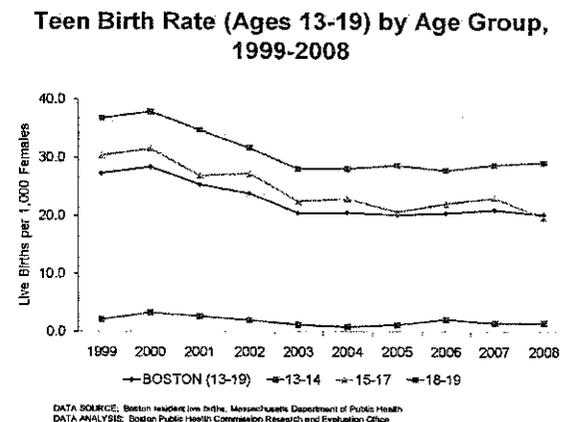


Figure 2, below, shows the teen birth rate among 13-19 year olds, by age-group, in Boston.² The teen birth rate decreased significantly for 15-19 year olds between 1999 and 2003 but among 18-19 year olds the birth rate has been increasing since 2006 (though still below 2003 rates). For 15-17 year olds, the birth rate was increasing steadily between 2005 and 2007 but in 2008 dropped to its lowest point (19.7/1,000). Fortunately, teen birth rates among 13-14 year olds have remained low since 1999 (less than 12 births in 2008).

Figure 2.



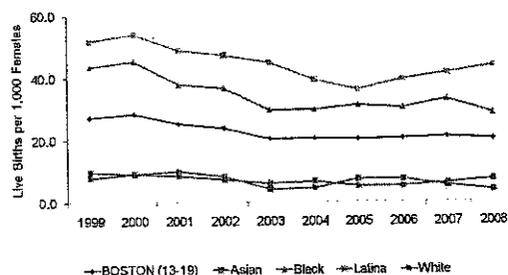
¹ Ferrer, B. and Allen, D. (Sept. 30, 2010). Teen Pregnancy in Boston: Prevalence and impact of early childbearing, Presentation to the City Council. Data Source: Department of Public Health.

² Ferrer, B. and Allen, D. (Sept. 30, 2010). Teen Pregnancy in Boston: Prevalence and impact of early childbearing, Presentation to the City Council. Data Source: Department of Public Health.

There are significant disparities in teen births by race and ethnicity (Figure 3, below).³ Latinas and Blacks have maintained higher birth rates than their peers of other races/ethnicities and than Boston overall every year since 1999. In 2008, among 13-19 year olds, Black young women had a birth rate 4 times higher, and Latinas 6 times higher than their White peers of the same age group. Finally, the birth rate among Latinas has been increasing steadily each year since 2005 (representing a 20% increase).

Figure 3.

Teen Birth Rate (Ages 13-19) by Race/Ethnicity, 1999-2008



DATA SOURCE: Boston resident Sex Ratio, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Since 2004, the number of second births within two years among 15-17 year olds has remained steady (approximately 5.6%) and the percent of second births within 2 years among 18-19 year olds has fluctuated over the last ten years with a high of 18% in 2005 and a near low in 2008 of 13.3% (data not shown).⁴

IMPACT OF EARLY CHILDBEARING ON EDUCATION

Though many teen parents are healthy and successful, teen birth is generally associated with a myriad of social issues and poor outcomes. On average, early childbearing increases the chances the child will grow up in poverty, impacts the social well-being of the child, impedes educational attainment for mother and child, and is associated

³ Ferrer, B. and Allen, D. (Sept. 30, 2010). Teen Pregnancy in Boston: Prevalence and impact of early childbearing, Presentation to the City Council. Data Source: Department of Public Health.

⁴ Ferrer, B. and Allen, D. (Sept. 30, 2010). Teen Pregnancy in Boston: Prevalence and impact of early childbearing, Presentation to the City Council. Data Source: Department of Public Health.

with significant public costs.⁵ For the purposes of this report, however, we will focus on the educational impact on the mother and child (there is a lack of sufficient data on outcomes for teen fathers but evidence suggests teen fathers face similar outcomes⁶):

- In a 2006 survey of high school dropouts, 26% of all respondents and 33% of the young women surveyed, named pregnancy or parenthood as the primary reason they dropped out of school.⁷
- Only 40% of mothers who become pregnant before the age of 18 graduate from high school (an additional 23% complete their GED), whereas 75% of young women, who delay childbearing until 21 or 22, complete their high school education.⁸
- Many teen parents report that pregnancy and parenting initially increases their commitment to completing school but say that supportive school environments are crucial to helping them reach their goals.⁹
- Teen mothers, who have a second birth within two years of their first, face more difficult social and economic odds but attending school helps parenting mothers prevent a second pregnancy and increases the likelihood of completing their education.¹⁰

Poor educational outcomes reduce employment opportunities and often lead to a life of economic hardship for the teen mother and her child. Helping young parents complete their education, not only improves a variety of outcomes for the mother and child, but also increases the likelihood that they and their children will attain self-

⁵ The National Campaign to Prevent Teen and Unplanned Pregnancy (2006). By the numbers: The public costs of teen childbearing. Retrieved December 10, 2010, from: http://www.thenationalcampaign.org/costs/pdf/report/BTN_National_Report.pdf

⁶ The National Campaign to Prevent Teen and Unplanned Pregnancy (2005). By the numbers: The public costs of teen childbearing. Retrieved December 10, 2010, from: http://www.thenationalcampaign.org/costs/pdf/report/BTN_National_Report.pdf

⁷ The Bill and Melinda Gates Foundation (2006). The Silent Epidemic: Perspectives of high school dropouts. Retrieved December 10, 2010, from: <http://www.civicenterprises.net/pdfs/thesilentepidemic3-05.pdf>

⁸ The National Campaign to Prevent Teen and Unplanned Pregnancy (2006). By the numbers: The public costs of teen childbearing. Retrieved December 10, 2010, from: http://www.thenationalcampaign.org/costs/pdf/report/BTN_National_Report.pdf

⁹ Massachusetts Alliance on Teen Pregnancy. (2010). Expecting Success: How policymakers and educators can help teen parents stay in school. Retrieved December 10, 2010, <http://www.massteenspregnancy.org/sites/default/files/policy/matppromise-reportvf-rev3-9.pdf>

¹⁰ Kalnuss D.S. and Namerow P.B. (1994). Subsequent childbearing among teenage mothers: the determinants of a closely spaced second birth. *Family Planning Perspectives*, 26(4):149-153, 159.

sufficiency, economic independence, and contribute fully to their community. Therefore, it is imperative that policy makers, school and health officials, and community organizations make every effort to surround expecting parents with the appropriate support and expectations to complete their education.

SUMMARY OF POLICY STATEMENT ON SCHOOL-AGE PARENTS

The BPS School-Age Parent Policy was adopted by the School Committee on December 13, 1983 (see Appendix A) after consulting with community agencies serving this population. It was developed in the spirit of Title IX, affirming commitment that no BPS student, including those who are pregnant or parenting, “shall be systematically excluded from educational participation.” The Policy recognizes the importance of BPS cooperating with community agencies to ensure pregnant and parenting youth, including those who have dropped out, have access to all the necessary academic supports, health and social services, and child care to complete their education. The Policy was last revised in 1988 and:

- Encourages pregnant and parenting students to complete their education in the least restrictive setting;
- Provides two leave of absence options, with the burden of maintaining contact with the school on the student, for students unable to attend “regular, modified, or alternative school”;
- Requires the school to make provisions for missed work or home instruction for parents who require absence due to illness of a child or as a result of pre/post natal complications;
- Encourages the use of flexible scheduling to accommodate parenting duties;
- Supports the use of existing and development of new academic programming for pregnant and parenting students;
- Directs the School Department to implement sex education and family life-skills curriculum; and
- Requires Headmasters and Principals to identify a “school liaison” to support pregnant and parenting youth.

SUMMARY OF FINDINGS FROM WORKING SESSION

On September 30th, 2010 Councilor Pressley held a Working Session to review the Policy and gather recommendations about how the policy could be strengthened. Pregnant and parenting teens, BPS officials, advocates, and agencies serving this population attended the hearing (see Appendix B for full list and Appendices C-E for copies of written testimony submitted).

Participants agreed the framework of the Policy is strong but could best serve our young people through a variety of improvements. Many reported that the major challenge is, and will continue to be, that schools must implement supports for pregnant and parenting students with little to no resources. They cautioned that even with a strengthened policy, streamlined implementation across schools would remain a challenge.

A common point of interest discussed throughout the Working Session centered on the inconsistency of information dissemination about the Policy to students and school staff. All but one of the pregnant and parenting teens in attendance stated they were not aware of the policy, and a few felt that the resources and academic supports recommended under the Policy were never fully explained to them. One student reported she received information through word of mouth, and another reported being given incomplete information about her options. Finally, one student spoke of feeling forced out of her high school once they learned of her pregnancy. Participants urged more school accountability and tracking to make sure students are made aware of the Policy and receive or are referred to a full-range of academic and other support services.

One challenge schools face in proactively reaching pregnant students is the very clear rules around confidentiality that nurses and school personnel must follow when working with youth; participants noted that these rules are extremely important but can delay resources or support. Many providers warned that young women often feel isolated from

school and disconnected from the community when they become pregnant. One student reported receiving strong support from her school but indicated she left school anyway because she did not feel comfortable being pregnant at school. They cautioned that when pregnant and parenting students drop out of school it is often a “silent choice”, which leaves school representatives limited ability to offer aid and assistance. Participants agreed that school personnel need to be aware of interpersonal, cultural, or family barriers that prevent a student from talking with school personnel or asking for help. Participants urged that confidentiality parameters be outlined fully in a revised policy.

In terms of providing academic supports, the common theme discussed was the importance of flexible schedules, tutoring, and access to day care. Some parents expressed that they were unaware of flexible schedule options; others said they learned of them by word of mouth. The young women in attendance discussed how challenging it was to complete school while pregnant. Other challenges the students reported were finding day care, completing school work due exhaustion from pregnancy or parenting, and lack of a healthy relationship with father. Providers said the most successful approach is for a teacher or other school representative from the primary school to provide in-home academic support during the first 6 weeks (8-10 weeks for complicated delivery) after the student gives birth. One parent reported that tutoring really helped her because she felt tired and behind after her delivery but the direct support and accountability helped her get back on track. Additionally, though teen fathers are covered under the policy, reaching them relies on their self-identification. One provider reported that about 10% of identified teen parents in schools are fathers.

Finally, participants also discussed non-academic supports that are important to ensuring school completion among pregnant or parenting youth. At minimum, all mothers can receive Women Infant Children (WIC) benefits, as well as home visiting through the Boston Public Health Commission’s “Healthy Baby Healthy Child”

program. Two parents expressed how the program helped them set personal goals, learn to “be a good mom,” and access needed support groups. Participants also urged offering support around healthy relationships due to the high incidence of physical and sexual abuse among pregnant and parenting teens. One mother said she had no support from the father and that programs have helped her “fill the void”. Another mother reported that she and several friends consider putting off school because of unhealthy relationships with the father and feeling like they just can’t parent and complete school when they are doing it on their own.

In summary, the participants agreed that in addition to addressing the above concerns, a revised policy should allow for individual school flexibility while also providing for a certain level of consistency across the system. The policy and implementation should be aimed at driving students towards school completion. They recommended that teen parents have a constant contact throughout their pregnancy, and for at least one year following to ensure academic and other supports are provided or referred to as needed.

“While teen pregnancy may temporarily derail a student, it should not permanently defer their education.”

-Councilor Ayanna Pressley

RECOMMENDATIONS

Based on feedback provided during the working session, additional research, and subsequent conversations with stakeholders, the Committee on Women and Healthy Communities recommends immediate revision of the Policy, at minimum, including:

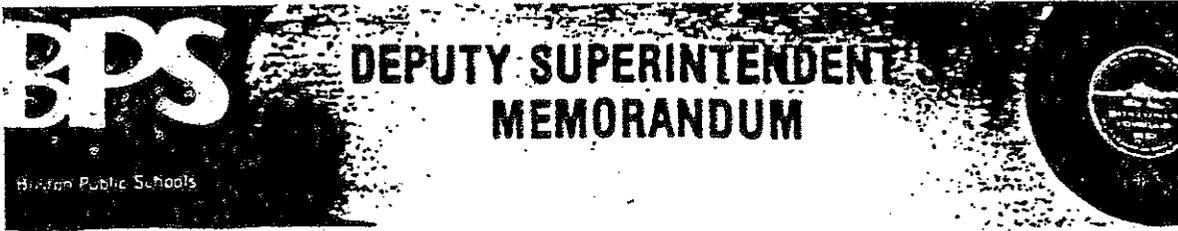
- A clear accountability and tracking component describing:
 - How and when (at least annually) the policy is updated;
 - How and when (at least annually) school staff are informed of the policy and related information and resources;
 - How and when students are informed of the policy and the resources available to them under the policy; and
 - A mechanism for tracking compliance with the policy by schools and personnel.
- A description of student confidentiality and disclosure rights
- A description of the roles and responsibilities of the “school liaison” including:
 - How students and staff are informed that a school liaison is available;
 - How and when the school liaisons connect with pregnant and parenting youth;
 - Description of what types of training the school liaisons shall receive (e.g. how to screen for intimate partner violence); and
 - Who creates and maintains a list of available community resources including daycare voucher, alternative education, GED health services, parenting classes etc.
- A directive for development of a pilot program that allows former teen parents to mentor or work with newly pregnant or parenting students.
- A directive that any BPS task force or department working on drop out prevention or re-engagement will collaborate with pregnant and parenting students and representatives from relevant community agencies.

Additionally, the Women and Healthy Communities Committee expects the Policy will again be developed in consultation with relevant stakeholders, including pregnant and parenting youth. The Committee advises officials to refer to submitted testimony (Appendices C-E) and to the model Los Angeles School District Policy Bulletin 2060.0¹¹ for further guidance. The Committee is hopeful that within the next year BPS will, as stated under the existing Policy, implement sex education and healthy relationship curriculum. Finally, the Committee recommends that the BPS Department of Special Education and Student Services have responsibility for enforcement and communication of this Policy.

CONCLUSION

While teen pregnancy may temporarily derail a student, it should not permanently defer their education. Government, school and health officials, in partnership with community agencies, have an obligation to ensure the full-range of supports are provided to pregnant and parenting youth to ensure they reach their education goals, and lead healthy and productive lives.

¹¹ Available at: http://www.lausd-oehs.org/docs/SSPVOLUME1/SSP%20V1_ResourceDocuments/Bul-2060.pdf



No. 88, 1988-1989
September 7, 1988

POLICY STATEMENT - SCHOOL-AGE PARENTS

TO: Community Superintendents, Headmasters, Principals and Other Administrative Heads:

Headmasters, Principals, and Other Administrative Heads are requested to keep on file a DATED CHECK LIST signed by all academic personnel under their jurisdiction as evidence that each had read this memorandum.

I. GENERAL INFORMATION

On December 13, 1983, the School Committee passed a policy statement on school-age parents. The policy statement was developed in consultation with representatives of external agencies with which the School Department has collaborated in the past in the provision of services for expectant and parenting school-age students. Included in that group were representatives of the Alliance for Young Families, the Comprehensive School-Age Parenting Program, Crittenton-Hastings House, the Early Child Bearing Program of the Dorchester House's Multi-Service Center, St. Margaret's Hospital, Teen-Parent-Family Support Program and staff of the Boston Public Schools. The policy statement, which was passed by the School Committee, has the support of the aforementioned groups and reflects an effort on the part of all parties to address the needs of expectant and parenting school-age students.

II. POLICY STATEMENT - SCHOOL-AGE PARENTS

The Boston School Committee supports the development of a full range of academic and support services programs for school-age parents and parents-to-be in the Boston Public Schools. The School Committee believes that such programs are needed in order to assist and encourage all students to achieve the academic and vocational skills required to reach their maximum potentials and goals.

The School Committee encourages school-age parents and parents-to-be to continue their education in the least restrictive setting while receiving health, social service and day-care services. Efforts to maximize their educational participation shall be a cooperative undertaking between the School Department and community agencies providing services to this population. No Boston Public School student shall be systematically excluded from educational participation because of pregnancy.

Efforts to serve pregnant teens and young school-age parents shall focus on both students who have dropped out of school and students who are enrolled in the Boston Public Schools. Community agencies shall be made aware of the School Committee policy in an effort to identify those students who have dropped out due to their parenting obligations.

Accordingly, the following guidelines have been approved by the School Committee for implementation in the schools:

1. Pregnant students and school-age parents are encouraged to continue their education in a regular, modified, or alternative school program but may be permitted to leave of absence options: (a) to apply for a leave of absence with the approval of the Headmaster/Principal of the school in which the student is enrolled, or (b) to apply for a limited leave of absence. During the limited leave, parenting students who initiate and maintain contact with their assigned school and teachers and who meet course requirements for academic achievement shall be marked as "constructively present". It is the responsibility of the student to maintain contact with the school and complete assignments during absence. It is the responsibility of the individual school to offer the opportunity to make up missed work. If a student is in need of home instruction for verifiable medical reasons, this instruction should be provided.
2. A school-age parent shall be deemed "constructively present" if she cannot attend school on a given day due to the verifiable illness of her child or as a result of pre-/post-natal complications. Such verification shall require a doctor's certification.
3. The use of flexible scheduling, including options such as flexible campus and summer/evening school enrollment, shall be encouraged to accommodate the student's parenting responsibilities.
4. The School Department supports existing programs and the establishment of new programs for pregnant students and school-age parents such as competency-based diploma programs, Graduate Equivalency Diploma (GED), external diploma programs, and off-site educational programs such as community-based educational programs.
5. The School Department has developed and will implement a sex education curriculum for all grade levels in accordance with approved policy. The School Department shall institute a family life skills curriculum as part of the science and/or health curriculum. In conjunction with the family life skills curriculum, internship components at day-care centers will be explored.

6. Headmasters and Middle School Principals must identify a school liaison to counsel students and to interface with internal and external resources. It is recommended that the liaison be a guidance counselor and/or school nurse. Once identified, the name of the liaison shall be forwarded by October 31, 1988, to the Office of Guidance and Support Team Services, 3rd Floor, 26 Court Street, Boston, MA 02108.

School-based administrators are urged to adopt flexible procedures in carrying out the school-age parents policy guidelines by providing alternative scheduling options that will enable teen-age parents to manage both their academic and parenting responsibilities.

The implementation of the school-age parents policy and the introduction of the sex-health education curriculum are important initiatives being taken by the Boston Public Schools in combatting the serious educational, health and social problems related to teen-age pregnancy. The critical need for educational programs that address school-age pregnancy prevention is an issue that deserves continuing attention.

All inquiries concerning this memorandum should be addressed to Kenneth G. Caldwell, Director, Student Support Services, 26 Court Street, Boston, MA 02108, Telephone 726-6200, Ext. 5903.

Deputy Superintendent
Operations and Administration

APPENDIX B. Women and Healthy Communities Docket #0225 Working Session Participants

Boston Public Schools

- John Verre, Assistant Superintendent of Special Education and Student Services
- Maggie Drouineaud, Assistant Director of Student Support Services
- Jill Carter, Wellness Coordinator
- Barbara Huscher, Health Education Program Director
- Janet Simpson, Nurse, East Boston High School
- Sarah O'Donnell, Alternative Education

Boston Public Health Commission

- Deborah Allen, Director of the Bureau of Child, Adolescent and Family Health
- Cindy Engler, Director of School Based Health

Action for Boston Community Development, Health Services/Boston Family Planning (617) 348-6263

- Irviene Goldson, Education and Training Manager

Boston Area Rape Crisis Center (617) 649-1267

- Stephanie Trilling, Youth Outreach Coordinator

Boston Youth Service Network (617) 488-1348

- Heidi Hall, Director

Children's Hospital Boston, Young Parents Program (617) 635-7701

(submitted written testimony only)

- Jennifer Valenzuela, Director of Young Parents Program

Massachusetts Alliance on Teen Pregnancy (617) 482-9122

- Patricia Quinn, Executive Director

St. Mary's Women and Children's Center (617) 436-8600

- Judith Beckler, President
- Catherine Brown, Program Director

Youth

- Janice Campbell (St. Mary's Women and Children's Center)
- Jessenia Cortes (Crittendon Women's Union)
- Nakeisha Fullington (St. Mary's Women and Children's Center)
- Rhonda Luke (Crittendon Women's Union)
- Natasha Vianna (MA Alliance on Teen Pregnancy, Teen Parent Policy Advisory Board)

APPENDIX C. 1983 Testimony Submitted by MA Alliance on Teen Pregnancy



massachusetts alliance
on teen pregnancy

Massachusetts Alliance on Teen Pregnancy Analysis of BPS School-Age Parents Policy Statement

September 30, 2010

Overall, the BPS School-Age Parents Policy Statement is a great starting point. Positive elements of the policy include generally effective framing that is gender neutral and encompasses dropout recovery efforts, a commitment to socio-emotional support services, and an emphasis on collaboration between schools and community stakeholders.

However, there are several areas for improvement:

1. **Parenting Teen Liaison.** Require or encourage schools to have an identified staff person (Parenting Teen Liaison) to support expectant and parenting teens. The Parenting Teen Liaison would:
 - Create a roadmap to graduation with each expectant or parenting student to include a **return-to-school** date.
 - Connect with expectant or parenting student and ensure that student has needed supports before, during and after maternity leave.
 - Link student to academic and socio-emotional supports within and outside of the school (e.g. child care, health care, transportation, flexible scheduling, alternative credit accumulation options, parenting classes).
 - Advocate for the student's access to needed supports.
 - Provide student with information about Title IX rights.
2. **Confidentiality.** Add guidelines on confidentiality which should stipulate that:
 - Information about a student's pregnancy or parenting status not appear on student records or be considered if student applies for educational, vocational or award opportunities.
 - School staff may not discuss students' confidential information or communications without student's permission, notwithstanding Massachusetts' statutory reporting laws.
 - Students may be encouraged to inform their parents or guardians of a pregnancy, but that students may not be forced or coerced into doing so.

*Please see LA Policy, p. 4 for an excellent example of confidentiality and disclosure of pregnancy policy guidelines.
3. **Accountability.** Significantly enhance inclusion of mechanisms for ensuring guidelines stipulated in policy are adhered to and supported.
 - Create a comprehensive plan for disseminating policy and informing school staff, youth and parents about policy, beyond keeping a dated check list of staff who have read policy. If the dated check list remains, identify who will verify existence of this list.

- Include stipulation on training identified staff person (see #1).
 - Add procedures that outline Title IX rights and delineate process for what a student should do if they feel they have been discriminated against. Articulate consequences for students and school staff if they discriminate against expectant or parenting students.
 - List specific types of alternative scheduling, pregnant and school-age parenting programs, and other support available in and outside of school.
 - Identify mechanism for keeping identified staff person and other relevant school staff connected with community based providers and advocates.
 - Identify mechanism for referring pregnant and parenting students to Parenting Teen Liaison.
 - Call for a BPS task force that assists with dissemination of policy, educating administrators and school staff about policy, training identified staff people, working to create and maintain city and state public policies and funding that will supports efforts outlined in school-age parents policy.
4. **Framing** Maintain and enhance messaging.
- Maintain language that is inclusive of males, community based organizations, and other stakeholders.
 - Refer to outcomes of teen pregnancy as consequences or outcomes rather than “problems.”
 - Maintain strong statement that No Boston Public School student shall be systematically excluded from educational participation because of pregnancy, but amend to include pregnancy or parenting responsibilities.
 - Add language and action steps to set high expectations for expectant and parenting students’ success.

APPENDIX D. Testimony Submitted by ABCD, Health Services/Boston Family Planning

From: Irviene Goldson

Education and Training Manager

Action for Boston Community Development – Health Services/Boston Family Planning

goldson@bostonabcd.org

617-348-6263

I applauded and so appreciate Councilor Ayanna Pressley and the Boston City Council continued effort to address teen pregnancy as an essential quality of life issue for Boston's youth and young people.

Who knew this BPS Policy Statement on School Age Parents existed! And it most certainly is the place to start. It is important that school age parents are able to complete school. I am impressed that the policy as it stands recognizes the physical toll pregnancy can have on school attendance and provides for flexibility in attendance.

I would like to add the following feedback to your working session:

Prevention is still key to delay subsequent pregnancies and ABCD Health Services/Boston Family Planning has the services to provide free/low-cost family planning services to Boston residents including young people. As the Title X Family Planning providers for the city of Boston we would like to be one of the community-based partners involved in the dialogue and have the resources to serve Boston's youth. To ensure that "sex education" program as outlined in the current policy be approved through the office of the Health Education Director and the Sexuality Education Committee (with school and community members) which has been reviewing curriculums for use in BPS to ensure they are evidenced-based, developmentally, culturally competent and gender responsive to the Boston students.

Thank you Boston City Council or your hard work on this important issue!!

APPENDIX E. Testimony Submitted by Children's Hospital Boston, Young Parents Program



Children's Hospital Boston

A teaching affiliate of Harvard Medical School

Children's Hospital Primary Care Center
300 Longwood Avenue, Boston, Massachusetts 02115
phone 617-355-7701 / fax 617-730-0505

September 30, 2010

City Councilor Ayanna Pressley
Boston City Council
One City Hall Square, Suite 550
Boston, MA 02201-2043

Dear Councilor Pressley:

I am writing with respect to the working session being held today with respect to **Docket #0225 – Order for a hearing on teen pregnancy.**

As the Director of the Young Parents Program (YPP) at Children's Hospital Boston, I appreciate the opportunity to offer the following suggestions with respect to the Boston Public Schools School-Age Parenting Policy.

Section 1:

It is our suggestion that both options be fully explained, in an age-appropriate manner, of what precisely is involved and what the results/consequences are for each. For example, some students that take a full leave may not be eligible to pass to the next grade after the number of absences accrued during the LOA.

There is no specified time-limit for the LOA. Currently, new mothers are allowed six weeks of leave, with tutoring allowed during this time. We suggest extending this time to eight weeks. Arranging a tutor can take time and new mothers are not ready to start tutoring the first two weeks postpartum. It would thus be in the students' and the newborns' best interest to allow two weeks to arrange tutoring, and then six full weeks of tutoring services. Students then return to school at nine weeks postpartum.

Section 2:

It would be helpful to clarify if "constructively present" is counted as attendance for teachers requiring attendance for a passing grade. It is also important to have systems in place to ensure that teachers are aware of this policy so students are not individually sanctioned. Lastly, fathers are not mentioned in this section; they should be eligible to have an excused absence if caring for their sick child.

Section 3:

Students need to be aware of flexible scheduling available. Protocols should be developed with handouts created for students explaining the policy and possibilities for flexible scheduling while out on leave.

Section 4:

We suggest that the Adult Diploma Programs offered by BPS allow underage teen parents to enroll. Currently, eligibility for ADP is 23 years or older. The Boston Central Adult High School is also for students over 16 years. Both of these Adult Ed Programs have a schedule conducive for a working parent; teen parents should also fall under this category.

Section 5:

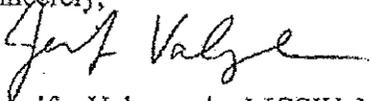
In the second line, before the words "sex education" inclusion of the language, "science-based, effective and comprehensive in approach" would be advisable.

Section 6:

It is preferable if an enforcement/liaison position could be created for BPS. Also, making the listing publicly available with each school's assigned liaison, with particular effort to distribute that list to community programs working with pregnant and parenting teens, would likewise be beneficial.

Thank you for your continued advocacy and for the opportunity to provide feedback with respect to this policy. Please do not hesitate to contact me if you have any questions or if I can be of any assistance.

Sincerely,



Jennifer Valenzuela, LICSW, MPH
Director, Young Parents Program
Children's Hospital Boston