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Mr. Bruce Reed
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20506

Dear Mr. Reed,

As Dick Nathan may have informed you, Jan Hagen and I are engaged in a three-year, ten-state study of the implementation of the JOBS program. Our first report, completed in March 1992, focused on the initial policy choices made by the states in implementing the program. We have recently completed three reports that examine the implementation efforts of three local sites within each of the states. We believe these reports will be of interest to the members of the Working Group on Welfare Reform, Family Support and Independence and we are pleased to be able to share them with you and your colleagues.

We are currently analyzing another round of information that our field associates have gathered on the status of the JOBS program at the state and local level. We would welcome the opportunity to discuss our work with your group and to answer any questions they may have about our findings.

Sincerely,

Irene Lurie

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IMPLEMENTING JOBS:
INITIAL STATE CHOICES

Jan L. Hagen
and
Irene Lurie

**The Nelson A. Rockefeller
Institute of Government**

State University of New York



**BUILDING SELF-SUFFICIENCY AMONG
WELFARE-DEPENDENT TEENAGE PARENTS**

**LESSONS FROM THE TEENAGE
PARENT DEMONSTRATION**

June 1993

Editor:

Rebecca Maynard

MATHEMATICA

Policy Research, Inc.

P.O. Box 2393

Princeton, NJ 08543-2393

TEL (609) 799-3535

FAX (609) 799-0005

Prepared for:

U.S. Department of Health and
Human Services
Assistant Secretary for Planning
and Evaluation
HHH Building, Room 404-E
200 Independence Avenue, S.W.
Washington, D.C. 20201

Project Officers:

Dr. Reuben Snipper
Ms. Nancye Campell

Prepared by:

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, N.J. 08543-2393

Reference No: 7700-021

Project Director:

Rebecca A. Maynard

Deputy Project Director:

Alan M. Hershey

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ACKNOWLEDGMENTS

This paper is a synthesis of the results of the first phase of a major eight-year demonstration evaluation effort. Specifically it draws heavily on a series of process and implementation reports (Hershey and Nagatoshi 1989; Hershey 1991a, 1991b, and 1991c; Hershey and Silverberg 1993; Hershey and Rangarajan 1993; and Maynard 1992); a report on a special in-depth study of the target population and its program experiences (Polit 1992); a report on service needs of and use by the target population (Gleason et al. 1993); and an impact analysis report based on two to four years of follow-up data (Maynard, Nicholson, and Rangarajan 1993).

Authors of these reports as well as many other individuals contributed in significant ways to the preparation of this report. Much of the information on the demonstration programs was provided by Melba McCarty, Yvonne Johnson, and Frank Ambrose, who oversaw the demonstration programs--Project Advance in Chicago, Teen Progress in Newark, and Teen Progress in Camden, respectively. Janet DeGraaf, Bonnie Mecanko, and Lydia Davis-Barrett of the New Jersey Department of Human Services and Denise Simon, Dan Davis, David Gruenenfelder, and Charlie Mugler of the Illinois Department of Public Aid were instrumental in the design, implementation, and oversight of the programs and were extremely helpful during the information assembly process. And, the young mothers in the evaluation sample patiently answered our many questions. Reuben Snipper, project officer for the evaluation, and Nancye Campbell and Judith Reich, project officers for the demonstration, provided helpful guidance throughout the design and implementation of the evaluation. William Prosser from the office of the Assistant Secretary for Planning and Evaluation provided guidance at various points throughout the project, but especially in the design and implementation of the special substudies on child care issues, and Howard Rolston at the Administration for Children and Families provided invaluable support of both the demonstration projects and the evaluation.

Alan Hershey, co-investigator and deputy project director, worked diligently with the programs to ensure that they were implemented in accordance with the demonstration design and that we documented the operational lessons from the demonstration. He also directed the process and implementation analysis. Denise Polit, co-investigator, was instrumental in the development of the overall evaluation plan and directed a companion in-depth study of a subsample of program participants; Myles Maxfield designed and oversaw the development of the client tracking systems; Charles Nagatoshi provided technical assistance to the programs and monitored their operations; Anu Rangarajan and Walter Nicholson played key roles in the impact analysis; Phillip Gleason, Anu Rangarajan, and Denise Polit collaborated on a report on service needs and use; Marsha Silverberg worked with Alan Hershey on the cost analysis; and Ellen Kisker, Anne Gordon, Margaret Strain, Marsha Silverberg, and Peter Schochet conducted the special child care studies. Anne Bloomenthal, Sandra Scott, West Addison, Cynthia Butchley, Lynn

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I gratefully acknowledge these contributions and accept sole responsibility for any remaining errors or omissions in the report.

Rebecca Maynard

CONTENTS

	Page
ACKNOWLEDGMENTS	iii
EXECUTIVE SUMMARY	xv
INTRODUCTION AND SUMMARY	1
THE TEENAGE PARENT DEMONSTRATION	5
THE PROGRAM INTERVENTION	5
RESOURCE LEVELS	7
THE TARGET POPULATION AND STUDY SAMPLE	11
THE STUDY SAMPLE AND DATA	11
CHARACTERISTICS OF THE TARGET POPULATION	13
Statistical Profile of the Sample	14
Perspectives of the Young Mothers	16
PROGRAM PARTICIPATION	23
VARIATION AMONG SUBGROUPS AND OVER TIME	23
THE ROLE OF MANDATORY PARTICIPATION REQUIREMENTS	28
PROGRAM IMPACTS	31
PROGRAM-INDUCED INCREASES IN ACTIVITY LEVELS	31
Variation Across Sites	35
Patterns of Impacts Among Sample Subgroups	35
PROGRAM IMPACTS ON CHILD CARE SERVICES	38
PROGRAM IMPACTS ON INCOME SOURCES AND ECONOMIC STATUS	40
Interactions Among Income Sources	42
Impacts over Time and Among Sample Subgroups	43
Impacts on Poverty Status	43

CONTENTS *(continued)*

	Page
SOCIAL AND DEMOGRAPHIC IMPACTS	45
Living Arrangements	45
Child Support	46
Incidence of Repeat Pregnancies and Subsequent Births	46
PROGRAM DESIGN AND IMPLEMENTATION LESSONS	49
ENROLLING TEENAGE MOTHERS IN THE PROGRAM	49
Early Identification and Referral	50
Identifying Minor Mothers	50
Promoting Participation from the Start	51
DESIGNING WORKSHOPS FOR TEENAGE PARENTS	52
Workshop Design Decisions	52
Promoting Workshop Completion	55
CASE MANAGEMENT	56
Staff Structure and Specialized Roles	57
Recruitment and Training	58
Case Management Role in Client Participation	58
Qualities of a Good Case Manager	59
Program Assistance for Case Managers	60
EDUCATION AND JOB TRAINING SERVICES	61
Sources of Education and Training	61
Challenges in Developing Education and Training Services	62
LOOKING AHEAD	65
MANDATORY PARTICIPATION REQUIREMENTS AS A CASE MANAGEMENT TOOL	65
APPROPRIATE CHILD CARE SERVICES	66
TAILORED SERVICES	66
UNANSWERED QUESTIONS	67

CONTENTS (continued)

	Page
APPENDIX A: MEANS AND STANDARD DEVIATIONS OF OUTCOME MEASURES AND SIGNIFICANCE LEVELS OF IMPACT ESTIMATES	69
APPENDIX B: MONTHLY ACTIVITY RATES AND PUBLIC ASSISTANCE RECEIPT	73
REFERENCES	77
TEENAGE PARENT DEMONSTRATION PROJECT REPORTS AND RELATED PUBLICATIONS	83

TABLES

Table		Page
1	PROGRAM WORKSHOPS	8
2	SAMPLE SIZES	13
3	CHARACTERISTICS OF THE SAMPLE	15
4	PROGRAM IMPACTS ON ACTIVITY LEVELS AND CHOICES	33
5	PROGRAM IMPACTS ON INCOME, BY SOURCE	41
6	PROGRAM IMPACTS ON SOCIAL AND DEMOGRAPHIC OUTCOMES	47
A.1	MEANS AND STANDARD DEVIATIONS OF KEY OUTCOME VARIABLES	71
A.2	SIGNIFICANCE LEVELS OF IMPACT ESTIMATE	72
B.1	OUT-OF-HOME ACTIVITY, BY MONTHS AFTER INTAKE	75
B.2	AFDC AND FOOD STAMP RECEIPT AND BENEFITS, BY MONTHS AFTER INTAKE	76

FIGURES

Figure		Page
1	CHARACTERISTICS OF THE DEMONSTRATION SITES	6
2	AVERAGE SERVICE COSTS PER PARTICIPANT	9
3	JOB ELIGIBILITY STATUS OF DEMONSTRATION PARTICIPANTS AT ENROLLMENT	12
4	PROGRAM PARTICIPATION OF THE ENHANCED- SERVICES GROUP	24
5	PARTICIPATION IN PROGRAM ACTIVITIES	26
6	ACTIVITIES OF ENHANCED-SERVICES GROUP MEMBERS	27
7	DURATIONS AND OUTCOMES OF SPELLS OF INACTIVITY AMONG ENHANCED-SERVICES GROUP MEMBERS	28
8	PROGRAM ENROLLMENT RATES, BY LEVEL OF ENCOURAGEMENT	29
9	SANCTION RATES	30
10	POVERTY RATES AT FOLLOW-UP, BY EMPLOYMENT, AFDC, AND FAMILY STATUS	32
11	OUT-OF-HOME ACTIVITY, BY MONTHS AFTER INTAKE	34
12	PROGRAM IMPACTS ON ACTIVITY RATES	36
13	PROGRAM IMPACTS ON ACTIVITIES, BY SUBGROUP	37
14	CHILD CARE USE AND FEES BY THOSE IN SCHOOL, IN JOB TRAINING, OR EMPLOYED	39
15	AFDC AND FOOD STAMP RECEIPT, BY MONTHS AFTER INTAKE	44
16	POVERTY RATES AT FOLLOW-UP	45

EXHIBITS

Exhibit		Page
1	PROFILES OF WELFARE-DEPENDENT TEENAGE PARENTS	18
2	MODELS OF PROGRAM WORKSHOPS	54

EXECUTIVE SUMMARY

The Teenage Parent Demonstration was a major, large-scale federal demonstration initiative sponsored by the Department of Health and Human Services in response to three concerns: (1) rising welfare caseloads; (2) persistently high rates of teenage pregnancies and births; and (3) the high probability that teenage parents will go onto welfare and have especially long spells of dependency. The demonstration began in 1986, before the passage of the Family Support Act and the implementation of the Job Opportunities and Basic Skills Training (JOBS) program. Nonetheless, the demonstration programs paralleled those envisioned by the architects of the current JOBS provisions and requirements for custodial teenage parents. Pregnant and parenting teens in the demonstration sites who had one child and were receiving Aid to Families with Dependent Children (AFDC) were required to:

- Stay in school, if they were attending school at the time of program enrollment
- Return to high school or enter an adult education program, if they had already dropped out of school
- Enroll in postsecondary education, if they had already completed high school or received their GED
- Enroll in an appropriate skills training program as an alternative to or after completing schooling, or
- Seek employment as an alternative to or after completing education and/or training

The cornerstone of the program intervention was case management. Case managers' responsibilities resembled those of current JOBS case managers in many states: conducting individual assessments to determine supportive service needs; working with the young mothers to identify appropriate major activities--school, job training, or employment; helping resolve impediments to participating in major activities or preparatory endeavors; and monitoring program participation. The demonstration programs also provided a rich array of services to complement the case management--workshops, child care assistance, transportation assistance, and counseling.

This report synthesizes the results of the first phase of a major, multipart evaluation of the Teenage Parent Demonstration. This phase of the evaluation covered an average of 30 months of follow-up of the study sample and resulted in more than a dozen major reports covering a wide range of issues related to service needs, service use patterns, service delivery strategies, and program impacts. (A full list of project-related papers and reports

appears at the end of this document.) By late 1996, another report will be published covering five to seven years of postenrollment outcomes for both the young mothers and their children.

Here, we first describe the demonstration programs and profile the population of welfare-dependent teenage parents in the demonstration sites. Then, we discuss early lessons about the program's effects on out-of-home activity rates and impacts on a wide range of economic and social outcomes. Finally, we discuss program design and implementation lessons.

THE TEENAGE PARENT DEMONSTRATION

From late 1987 through mid-1991, the states of Illinois and New Jersey operated demonstration programs under grants from the Office of Family Assistance of the U.S. Department of Health and Human Services. The Illinois program, Project Advance, operated in the south side of Chicago, and the New Jersey program, Teen Progress, operated in the cities of Newark and Camden. Each of these areas is characterized by high rates of unemployment, poverty, and crime. In the three demonstration sites, all teenage mothers who had only one child and began receiving AFDC for the first time for themselves and their child were required to attend an intake session. During the demonstration period, almost 6,000 teenage mothers joined the welfare rolls in these sites, and nearly 90 percent attended intake and enrolled in the demonstration. Consistent with the evaluation design, about half were selected at random to participate in the demonstration programs; the remainder became part of a control group receiving regular AFDC services.

The Program Intervention

Participation in the demonstration was mandatory--underscoring both the obligation of the young mothers to take charge of their lives and work toward self-sufficiency and the responsibility of the program to help them overcome obstacles to fulfilling this goal. Those selected to participate were required to develop and comply with approved plans for engaging in activities aimed at promoting their eventual self-sufficiency.

Case managers helped participants decide what education or training to pursue, found open slots in appropriate programs, coaxed and pressured the young mothers to stick to their plans, and counseled them when crises arose. If the teenage parents persistently failed to participate in planned activities, case managers initiated sanctions, consisting of reductions in AFDC grants by the amount normally allocated to cover the needs of the mother--generally \$160 in New Jersey and \$166 in Chicago--which remained effective until the young mothers complied with the participation requirements.

All three demonstration programs required participants to attend a set of initial workshops designed to enhance their personal skills, convey information that would help them cope with their new responsibilities, and prepare them

for education, training, and employment activities. Workshop topics included child support, family planning, health and nutrition, life skills, family management, motivation, parenting, employment preparation, education preparation, and HIV and drug abuse prevention.

To help participants move toward self-sufficiency, the demonstration programs promoted participation in education, job training, and/or employment, relying heavily on existing community services. However, they also developed some in-house services, using both their own staff and staff from other agencies. All three programs offered child care and transportation assistance to address these barriers to program participation.

Resource Levels

For the steady-state operating period of the demonstrations, average program spending per participant was about \$1,400 a year; during this time participants received AFDC for an average of eight to nine months. These direct program expenditures were supplemented by an average of about \$800 per participant in community-provided services, counting alternative educational services, but not regular high school programs. In all sites, the major share of resource costs (40 to 50 percent) was associated with case management and support services. Job training was the next largest component, accounting for up to a third of project-related resources at the Chicago site and 12 to 14 percent at the others.

THE TARGET POPULATION AND STUDY SAMPLE

The target population for the demonstration consisted of *all* teenagers who, for the first time, were parents *and* receiving AFDC (either as the head of their own cases or as "minor" mothers) or, in Illinois only, had no children but were in the third trimester of a pregnancy and receiving AFDC. Of the nearly 6,000 eligible individuals who were identified in the three demonstration sites, 5,297 (89 percent) completed intake (Table ES-1). About half were then selected at random to participate in the demonstration programs (receiving enhanced services); the others served as a control group (receiving regular services).

Information Sources

Data for the evaluation came from site observations, interviews with program staff, program data, state records data, and interviews with the sample members. Sample members completed a group-administered baseline survey

TABLE ES-1
THE STUDY SAMPLE

	Site			Total
	Camden	Newark	Chicago	
Sample Sizes				
Eligible Teenage Mothers	1,256	1,346	3,360	5,962
Completed Intake	1,281	1,190	2,889	5,297
Attempted Follow-Up Survey and Basic Skills Retest	1,218	1,190	2,151 ^a	4,559 ^a
Completed Follow-Up Survey	1,057	971	1,839	3,867
Completed Basic Skills Retest	836	743	1,484	3,063
Response Rates (%)				
Completed Intake	98	88	86	89
Completed Follow-Up Survey	87	82	85	85
Completed Basic Skills Retest	69	62	69	67

^a Follow-up surveys and basic skills retests were attempted with all sample members who completed intake in Camden and Newark, but with only a randomly selected 75 percent of those who completed intake in Chicago.

and took a basic skills test at intake (Table ES-1). The program experiences of all young mothers in the enhanced-services group were monitored through automated case-tracking systems.

Information on outcome measures was obtained through follow-up surveys and retests with those in the enhanced- and regular-services groups (Table ES-1). Follow-up surveys were completed with 85 percent of those in the follow-up survey sample, which included the full baseline sample in Camden and Newark and a representative 75 percent of the Chicago baseline sample. Basic skills retests were completed with 67 percent of the follow-up sample. Data on welfare and earnings were obtained from administrative records for the full study sample, including the 11 percent of eligible teenage mothers who failed to complete intake. Child support data were obtained from administrative data only for those who completed intake.

A substantial amount of qualitative data complemented this quantitative information. We conducted regular program monitoring visits throughout the demonstration. We also systematically gathered information about the experiences, characteristics, and problems of the young mothers in the sample and the efforts of those in the enhanced-services group to deal with program participation requirements. Focus groups with the young mothers (88 sample members), in-depth semi-structured interviews (70 sample members), and case

conferences with program staff (focusing on 46 enhanced-services group members) provided the opportunity to collect this information.

Characteristics of the Target Population

As a group, participants were young and had substantial educational deficits when they arrived at the programs (Table ES-2). About 30 percent of the mothers had dropped out before completing high school, and most of those still in school were behind grade level. More than half of the young mothers had some work experience before enrolling in the demonstration, but most of this employment had been short term and at low wages.

All of these young mothers faced significant barriers to self-sufficiency simply by virtue of their living arrangements. Many had left their parents' homes and were receiving no support from the fathers of their children. Almost all lived in poverty, often in dangerous neighborhoods. Moreover, they had relatively few role models in their communities to guide them toward social and economic independence.

Most were identified and brought into the program when their children were still infants. Thus, for many, child care was perceived as a major barrier to participation in the programs. Although the program helped participants find and pay for child care, resistance to considering care by nonrelatives was high, primarily because the young mothers felt they could never trust a stranger to care for their children.

Most of the young mothers in the focus groups agreed that future childbearing should be either postponed for a long time or avoided altogether. Many, however, acknowledged having problems with using effective birth control consistently.

Only a handful of mothers in the sample cooperated with the child support enforcement agency, even though sizable numbers were in contact with the fathers of their children and many received support from them. Even those who received modest informal support from the fathers, however, generally felt it was in their best interest to resist cooperation with the enforcement agency.

PROGRAM PARTICIPATION

Through the efforts of committed staff, the programs succeeded in achieving participation rates that compare very favorably with those achieved in other work-oriented welfare programs. Rates are also quite high in view of the fact that these were nonselective, comprehensive coverage programs that made commitments to work with *all* new teenage parents on welfare. Nearly 90 percent of the eligible teenagers completed program intake.

TABLE ES-2
CHARACTERISTICS OF THE SAMPLE

	Site			Total
	Camden	Newark	Chicago	
Age (Percent)				
Age 17 or younger	46.5	29.6	21.6	29.1
18 or older	53.4	70.4	78.5	70.9
Race/Ethnicity (Percent)				
Hispanic	37.5	25.4	5.1	17.0
Black, non-Hispanic	56.3	71.8	85.0	75.5
White, non-Hispanic	6.2	2.8	9.9	7.5
Separated, Widowed, or Divorced (Percent)	8.0	4.7	2.7	4.3
Average Number in Household	4.9	4.8	4.6	4.7
Average Age of Youngest Child (Months)	7.8	12.0	9.3	9.6
Living with Parent (Percent)	46.2	53.4	46.1	47.7
Welfare Household During Childhood (Percent)	69.0	69.2	66.0	61.9
Attending School at Intake (Percent)	46.5	36.8	45.3	43.7
Completed High School/GED (Percent)	21.2	26.1	40.0	32.7
Non-English-Speaking (Percent)	8.6	5.2	0.2	3.2
Basic Skills				
Reading grade equivalent	7.4	7.5	8.4	8.0
Math grade equivalent	7.6	8.1	7.8	7.8
Ever Held a Job (Percent)	49.4	55.4	50.9	51.6
Sample Size	1,218	1,190	2,889	5,297

SOURCE: Program Intake Forms.

Of the teenage mothers who completed intake and were assigned to the enhanced-services group, 92 percent (82 percent of the full sample) participated in subsequent program activities. More than 80 percent completed an extensive assessment and developed a self-sufficiency plan, 72 percent completed one or more program workshops, and 70 percent engaged in at least one of three major activities--school, job training, or employment. Many engaged in more than one of these activities; at some time during the demonstration period, 47 percent attended school, 29 percent had some type of job training, and 33 percent were employed.

Participation in program activities was highest among those who had higher basic skills, were enrolled in school at intake, did not have any health

problems, were black, and/or lived with mothers not employed outside the home. Participation was lowest among school dropouts who would have been mandatory participants under the JOBS program (30 to 35 percent in any month, compared with 40 to 50 percent for high school graduates and those in school at the time of program enrollment). Spells of inactivity were common among participants, with 80 percent having at least one spell of inactivity and more than 25 percent having multiple spells.

The Role of Mandatory Participation Requirements

The mandatory participation requirement and sanction policy compelled many of the teenage parents to get involved in the program and maintain their participation. The sanction policy was especially helpful in gaining initial cooperation with participation requirements as evidenced by the fact that nearly two-thirds of the young mothers responded only after the threat of a sanction (Figure ES-1).

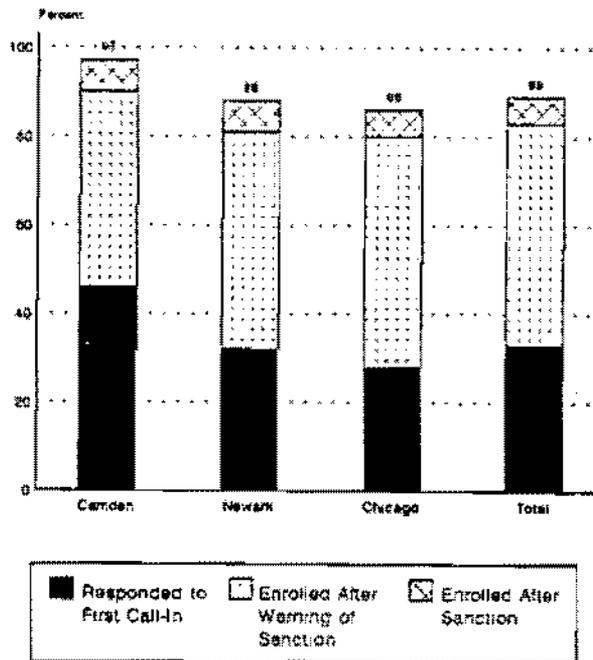
Overall, 62 percent of those who completed intake were warned at some time of possible sanction because they failed to fulfill requirements for ongoing program participation. More than one-third had their grants reduced one or more times for failure to comply with ongoing requirements.

IMPACTS ON ECONOMIC, SOCIAL, AND DEMOGRAPHIC OUTCOMES

The prospects for these young mothers were not promising in the absence of some form of intervention, judging by the experiences of those in the regular-services group. Two years after starting to receive welfare for themselves and their first child, 75 to 80 percent would still be on welfare; 80 to 90 percent would be living in poverty; over half would have another child; only 10 to 25 percent would have a job; fewer than 10 percent would be living with a spouse or a male partner; and only one-fourth would have regular contact with the fathers of their children. Poverty rates would exceed 90 percent for those who did not manage to get jobs.

The benefits of participation in the demonstration programs included increased rates of school attendance, job training, and employment. The program-induced increases in employment were accompanied by earnings gains that, in combination with program sanctions, resulted in lower rates of dependence on public assistance. However, there was little or no measurable change in economic welfare, except for those who became employed. The hoped-for improvements in social and demographic outcomes generally have not been observed to date. Also, we have not yet examined possible impacts on the children of these young mothers.

FIGURE ES-1
PROGRAM ENROLLMENT RATES, BY LEVEL OF ENCOURAGEMENT



SOURCE: Teenage Parent Demonstration MIS.

Program-Induced Increases in Activity Levels

Overall levels of participation in school, job training, or employment over the two years following intake were substantially higher than they would have been in the absence of the programs and the supportive services they offered (Table ES-3). Only two-thirds of those receiving regular AFDC services were in school, job training, or a job during the two years after sample enrollment, while nearly 80 percent of the enhanced-services group members were active. The net result was a 12 percentage point (19 percent) increase in participation levels.

For all three sites, the programs were most effective in increasing school enrollment levels--resulting in estimated increases of 12 percentage points, from 29 to 41 percent. Program-induced increases in the likelihood of receiving job training or having a job over the two years following intake were substantially smaller (4 and 5 percentage points, respectively). Over the follow-up period, 43 percent of those receiving regular services and 48 percent

TABLE ES-3

OUTCOMES AND ESTIMATED PROGRAM IMPACTS

Outcome Measures	Regular- Services Group Mean	Enhanced- Services Group Mean	Estimated Impact	
			Level	Percent Change
Activity Levels and Choices (Two Years Following Intake)				
School, Job Training, or Employment (Percent)	66.4	78.8	12.4 **	18.7 **
Percent of Months Active	27.5	35.2	7.7 **	28.0 **
In School (Percent)	29.3	41.6	12.3 **	42.0 **
In Job Training (Percent)	22.6	26.8	4.2 **	18.6 **
Employed (Percent)	43.1	48.2	5.1 **	11.8 **
In Job Club (Percent)	6.7	24.9	18.2 **	273.7 **
Income, by Source (Two Years Following Intake)				
Monthly Earnings	\$114	137	\$23 **	20.0 **
Monthly AFDC Benefits	\$261	242	\$-19 **	-7.3 **
Percent of Months Receiving AFDC	80.9	78.3	-2.6	-3.2
Monthly Food Stamp Benefits	\$127	\$125	\$-2	-1.6
Percent of Months Receiving Food Stamps	70.2	67.7	-2.5 **	-3.6 **
Monthly Child Support	\$23	\$20	\$-3	-13.0
Social and Demographic Status (at Follow-Up)				
Percent with Income Below Poverty	86.2	84.9	-1.3	-1.5
Living with Supportive Adult (Percent)	50.0	51.5	1.5	3.0
Living with Spouse or Male Partner (Percent)	8.8	9.9	1.1	12.5
Paternity Established (Percent)	46.2	49.8	3.6 **	7.8 **
Receiving Regular Financial Support from Child's Father (Percent)	10.0	9.3	-0.7	-7.0
In Regular Contact with Child's Father (Percent)	26.1	27.9	1.8	6.9
Number of Repeat Pregnancies	1.00	1.01	0.01	1.0
Number of New Births	0.60	0.64	0.04 *	6.6 *
Sample Size	1,924 2,275	1,943 2,284	3,867 4,559	3,867 4,559

SOURCE: Earnings, AFDC, food stamp, and child support data are from administrative records. All other data are from follow-up surveys conducted an average of 28 months after sample intake. The larger sample sizes pertain to those outcome measures derived from administrative data sources.

*Statistically significant at the 10 percent level, two-tailed test.

**Statistically significant at the 5 percent level, two-tailed test.

of those in the demonstration programs had some employment; 23 percent of those receiving regular services and 27 percent of those in the demonstration programs had some type of job training.

The impact of the programs on overall activity rates, school enrollment, and employment emerged very early after intake and persisted throughout the 24 months after enrollment. During any month, between one-fourth and one-third of the enhanced-services group (including those still receiving AFDC and those not) were in school, job training, or employed, compared with 19 to 29 percent of those in the regular-services group.

The net result is that the enhanced-services group members spent a much higher proportion of their time in school, job training, or employment than did those offered only regular services. For example, over the 24 months following intake, those in the regular-services group were active 27 percent of the time, while those in the enhanced-services group were active 35 percent of the time--a 28 percent increase (Table ES-3).

It is especially notable that the pattern of impacts was similar across all three sites (Figure ES-2). Yet, the programs tended to promote different types of activity gains among various groups. For example, they tended to increase school attendance most among younger mothers, those with low basic skills, and those who had not graduated from high school--characteristics that parallel the JOBS-mandatory participation requirements. Impacts on job training and employment were especially large for older youth and those with higher basic skills.

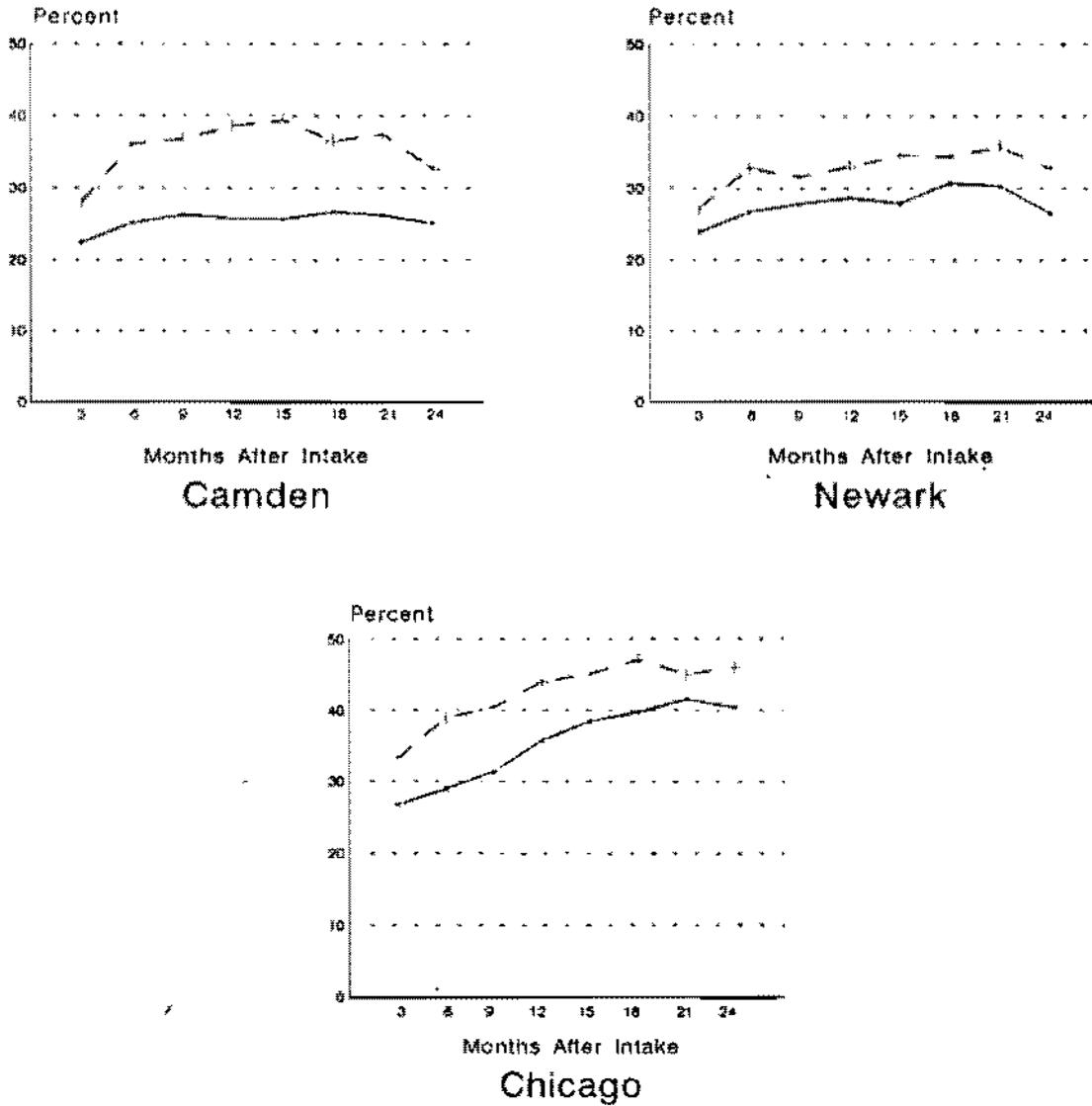
Impacts on all three activities were largest for Hispanics (not shown). Compared with those in the regular-services group, Hispanics in the enhanced-services group were 55 percent more likely to engage in a major activity (74 versus 49 percent), twice as likely to attend school (42 versus 21 percent), 37 percent more likely to have job training (23 versus 17 percent), and 68 percent more likely to have a job (42 versus 25 percent).

Impacts on Income Sources and Economic Status

The demonstration programs altered the income sources for the young mothers somewhat. As noted earlier, significantly more of the enhanced-services group received income from employment than did their regular-services group counterparts--differences that resulted in an average of \$23 a month more in income from employment, most of which is due to the higher employment rate among the enhanced-services group (Table ES-3). These earnings gains contributed to significantly lower participation rates in the food stamp program but not lower average food stamp benefit amounts. They also

FIGURE ES-2

OUT-OF-HOME ACTIVITY, BY MONTHS AFTER INTAKE (School, work, or training)



- + - Enhanced-Services Group
— e — Regular-Services Group

SOURCE: Follow-up surveys administered an average of 26 months after sample intake.

NOTE: Estimates are regression adjusted.

led to lower AFDC benefit amounts but not lower AFDC participation rates. Child support payments were relatively low (an average of only \$23 per month) and similar between the regular- and enhanced-services groups.

Program-induced impacts on income sources began to emerge in all three sites during the second quarter after program enrollment, as participants finished their workshops and some moved into employment. The impacts persisted throughout the two-year follow-up period, particularly in Camden. The average program-induced reductions in AFDC benefits (Figure ES-3) tended to parallel the employment impacts (not shown). Moreover, the pattern of relatively larger impacts on AFDC benefits among those with higher basic skills, Hispanics, and older youth (a 5 percentage point reduction) was similar to that observed for earnings (not shown).

Regardless of whether young mothers participated in the demonstration programs, the vast majority were living in poverty at the time of the follow-up survey. Only those who got a job were able to escape poverty in large numbers--80 percent of those employed versus 2 percent of others (not shown).

Social and Demographic Impacts

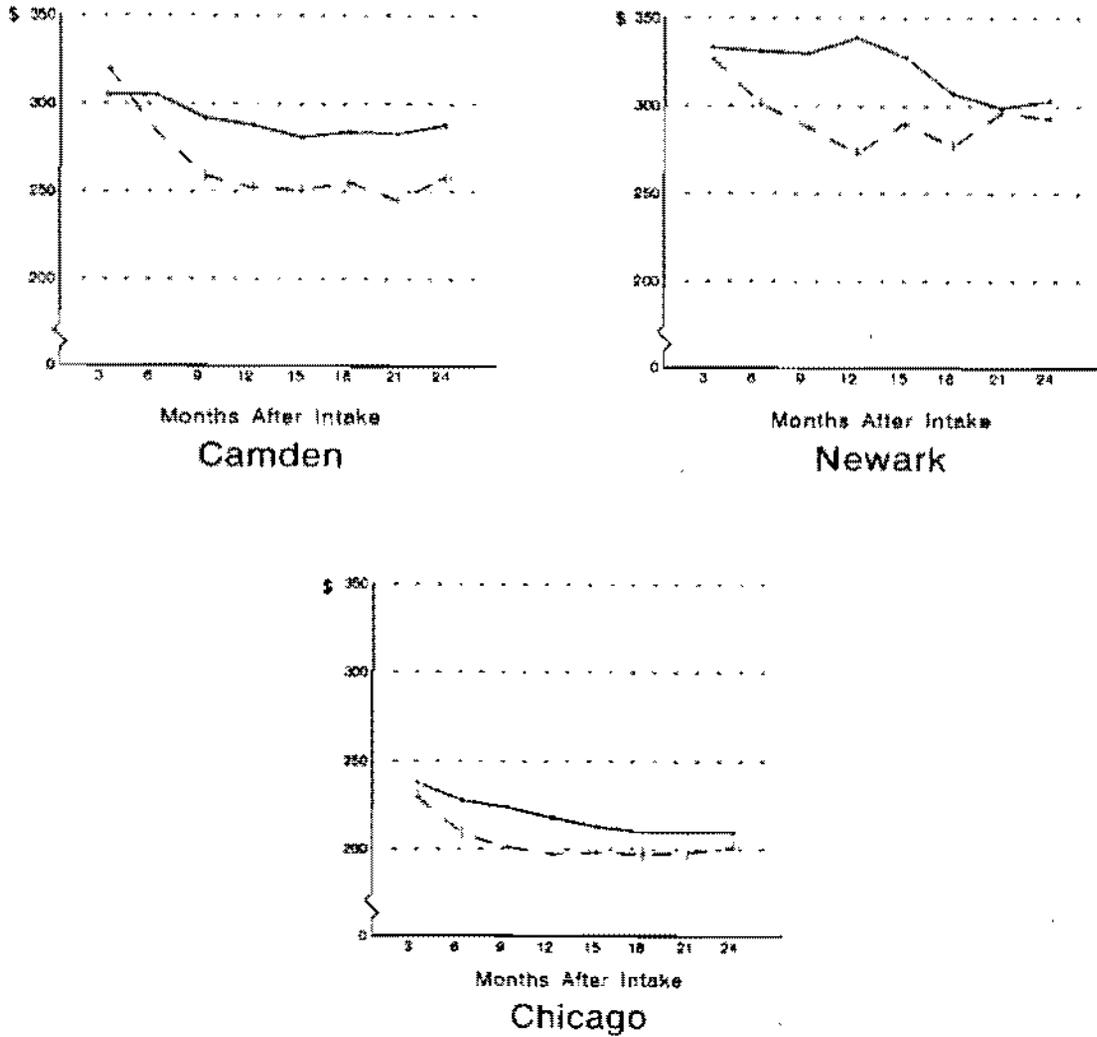
The programs produced few significant impacts on social and demographic outcomes. Moreover, there was no consistent pattern across sites in the few estimated changes observed (Table ES-3). Notable results did occur for living arrangements, child support, and pregnancies and births.

Although there was no significant overall impact on the likelihood that those in the enhanced-services group would live with a potentially supportive adult--a parent, spouse, or male partner--there was a sizable and statistically significant impact in Camden. There, 52 percent of the enhanced-services group were living in such arrangements at the time of follow-up, compared with 47 percent of those receiving regular AFDC services.

An overall 4 percentage point increase in the incidence of paternity establishment for the study sample as a whole resulted from the significant impacts of 4 and 5 percentage points, respectively, observed in Newark and Chicago. There were no impacts observed in Camden. Moreover, the impacts in Newark and Chicago were substantially larger among those enrolled in the program later in time, when the demonstration child support services were stronger. These higher rates of paternity establishment were not, however, accompanied by significantly higher levels of child support.

A different pattern of impacts was observed for financial support from noncustodial fathers. At the time of the follow-up survey, the enhanced-services group members in Camden were nearly 30 percent more likely than their regular-services group counterparts to receive financial support from their children's fathers and to have regular contact with them (not shown).

FIGURE ES-3
AFDC BENEFITS, BY MONTHS AFTER INTAKE



-- + -- Enhanced-Services Group —□— Regular-Services Group

SOURCE: Administrative data.

NOTE: Estimates are regression adjusted.

In contrast, negative or no impacts were observed in Newark and Chicago (also not shown).

There were no significant impacts on pregnancy rates. However, young mothers in the enhanced-services group were somewhat more likely than their control-group counterparts to report subsequent births--an increase that was concentrated in the Chicago site and among older participants. In all three sites, there was a tendency for the program to reduce pregnancy and birth rates among the younger participants and Hispanics--groups that were most prevalent in Camden (not shown).

PROGRAM DESIGN AND IMPLEMENTATION LESSONS

Implementing mandatory programs for welfare-dependent teenage parents presented major challenges not previously addressed in the context of the AFDC program. Success depended on staff's acceptance of the notion that it was appropriate to target teenage parents for this type of intervention. It also depended on their accepting--or at least tolerating--the idea of requiring these young mothers to go to school, job training, or work (and imposing consequences on those who failed to accept this responsibility), even though complying with program requirements meant the mothers had to leave their babies in the care of another person for substantial blocks of time.

The programs had to recognize and address the special circumstances that prevented some young mothers from maintaining a full-time schedule of work or school. For some, these circumstances were episodic. Nonetheless, when they occurred, it was essential for the program to offer services designed to help the mothers conquer the barriers. Staff had to provide follow-up and use project resources for those in need, including those whose underlying reason for nonparticipation or noncooperation was not immediately evident. For example, a case manager who took the initiative to visit the home of a young mother who repeatedly failed to show up for program classes found that the participant and her partner had to sleep in shifts at night so that one of them could guard their baby's crib against rats at all times. The case manager helped the couple find better housing, and the young mother began attending program classes.

Four aspects of program implementation were especially challenging: (1) outreach and recruitment; (2) designing appropriate workshops; (3) case management; and (4) developing appropriate school, job training, and employment options.

Enrolling Teenage Mothers in the Program

In contrast to many small-scale, voluntary programs for teenage parents, the intent of the Teenage Parent Demonstration--as is also the case with the adolescent parent provisions of the Family Support Act--was to serve *all* teenage parents who met the program eligibility criteria. To achieve this goal,

the programs had to develop systems of universal identification of eligible young mothers, as well as outreach and follow-up procedures to promote initial and ongoing participation.

The experiences of the demonstration underscored the desirability of early identification and referral. It also highlighted the importance of attention to case detail and strong quality control in the process of identifying minor mothers.

A combination of manual and automated procedures for identifying eligible teenage parents was essential in this demonstration and most likely would be required in any replication. Manual identification procedures, while time-consuming, have the advantage of providing an opportunity to motivate clients from the start. In contrast, automated procedures tend to be less burdensome, but more prone to error (because of inconsistencies in data input), and require a longer lag between AFDC enrollment and identification.

The programs achieved high rates of initial and moderate rates of ongoing participation--an achievement that was founded on the mandatory participation requirements. Case managers were held accountable for helping the young mothers to address their barriers to participation, and the young mothers had to comply or face financial penalties. They used a variety of approaches to overcome clients' reluctance to participate--reasoning with them, encouraging them, and speaking with clients' mothers to win support for their daughters' participation, for example. They chided clients when they missed appointments or slacked off in attendance, and reminded them *they had to choose* between participating and a sanction. These efforts often extended over long periods, with many clients going through recurrent cycles of participation and resistance.

Program policies and actions that facilitated case managers' efforts to promote participation included offering flexible schedules, providing on-site child care, promoting informality at meetings, using group meetings to break down isolation, and assigning participants to case managers immediately following intake.

Designing Workshops for Teenage Parents

Demonstration workshops served three purposes: (1) as a way for participants to acquire important *information*--about nutrition, drugs, family planning, workplace demands, parenting, child support, and other topics; (2) as *personal development* tools--integrating participants into the program; building motivation, interpersonal skills, and program acceptance; and dispelling fears about the program; and (3) as *assessment* opportunities--enabling program staff to assess participants' behavioral and cognitive strengths and weaknesses directly.

Staff in all three programs generally agreed on the purposes of workshops but adopted quite different approaches to integrating them into the sequence of program activities--approaches that differed in terms of the length of initial workshops, the types of staff used to conduct workshops, and the emphasis placed on initial versus ongoing workshops.

The extensive initial workshops offered in New Jersey provided greater opportunity for socialization and formation of peer relationships. The extensive workshops also offered more opportunity for participants' personal interests, communications and social skills, family problems, and motivation to be clarified before decisions were made about involvement in ongoing education or training. On the other hand, the brief, closely spaced workshops offered in Chicago held the young mothers' generally brief attention more successfully. Moreover, the briefer workshops allowed new participants to move more quickly into substantive education or training.

Using case managers to run workshops had several advantages, the most obvious being that case managers used the workshops as assessment opportunities for participants assigned to their caseloads. Using regular case managers to run workshops also held down program costs but added to the strain on them and limited their opportunities to tap outside expertise.

The programs tapped a variety of sources of expertise and specialized skills for workshops. For example, under contracts or in some instances no-cost interagency agreements, workshop leaders came from the local Planned Parenthood Association for family planning workshops, from county extension services for nutrition and life skills workshops, a nonprofit drug rehabilitation program for an AIDS/drug abuse workshop, and several small nonprofit agencies for life skills and grooming workshops.

Case Management

Because of the complex needs and diversity of this population, strong case management was an essential feature of the programs. The demonstration experience highlighted the importance of individualizing services for young welfare mothers and of modifying them over time as necessary. This individualization can best be accomplished if a single staff person--such as a case manager or continuous counselor--becomes familiar with a teenager and has ongoing responsibility for her. Case managers spent much of their time trying to find the right combination of supportiveness and helpfulness on the one hand, and pressure and clear expectations on the other. These efforts sometimes extended to home visits.

Case management services were almost universally appreciated by the young mothers. Despite the fact that many were sanctioned or warned that they would be sanctioned, their feelings about the program were generally extremely positive. Praise for the personal and caring attention of case managers and other program staff was especially high. Case managers linked the teenagers to the services they needed, monitored their progress in the

program, offered advice and guidance for personal problems, and provided much-needed support and encouragement. For many young mothers, the case managers also served as role models or surrogate parents:

When I go to Project Advance, they know me, they speak to me. . . . If I do something that's stupid, they know it, they tell me. When I do something good, they all praise you for it.

It is the one program that actually motivates someone to do something. There was always something going on even if you weren't working. You didn't have to be in the street, and you didn't have to sit in your house.

In these programs, as in other initiatives that are run as part of the state welfare system, flexibility in recruiting staff trained to work with this population was limited. As a result substantial staff training and skilled supervision were needed to help case managers work effectively with the broad spectrum of clients they had to serve.

Program managers had to organize their staffs and define roles for a broad range of functions--counseling individual clients, leading group intake sessions, conducting program workshops, maintaining client case records, entering data into automated systems, collecting and recording attendance data for on-site and off-site program activities, issuing sanction warning notices and communicating with income maintenance to impose or end sanctions, developing child care resources and arranging child care, developing contacts with community service providers, and coordinating special tasks to support the research data needs. Program managers helped case managers by providing specialized staff roles, developing service links, providing adequate supervision, monitoring and controlling caseloads, and promoting staff morale and stability.

Education and Job Training Services

In order to enforce mandatory participation requirements, programs had to make adequate activity options available for the young mothers. This proved to be a major challenge. Job training was available through numerous providers, including community colleges, vocational high schools, JTPA, and proprietary schools. However, access tended to be restricted primarily to high school graduates and those with reasonably strong basic skills.

All three sites had ample numbers of educational opportunities, but the programs often failed to meet the range of needs reflected among the large portion of the population for whom education was the only immediately available option. In an effort to address the varied needs, the programs used a combination of existing and new educational programs; each type of program offered advantages and disadvantages. Existing General Educational Development (GED) and Adult Basic Education (ABE) programs were

provided primarily by community colleges and adult schools operated by local school districts. However, the young mothers often felt uncomfortable in classes with older adults, and teachers accustomed to serving a broader adult population tended to be insensitive to the problems faced by teenage parents. In-house classes ensured that participants communicated frequently with their case managers and that case managers and academic instructors could maintain close ties. Nonetheless, all educational programs still had to deal with the limited attention spans of the young mothers and their lack of interest in noncontextual learning.

Successful educational alternatives included intensive and very personalized academic instruction built around group interaction and cooperation, support counseling, group research projects in the community, and paid work experience assignments. One option placed participants in alternative secondary educational settings, which sometimes required parental waiver of school district responsibility and negotiation with school district officials who were reluctant to see their regular enrollments diminish.

LOOKING AHEAD

This demonstration offers important lessons for current efforts to redefine the nation's social welfare policies. We have documented that states can operate large scale, mandatory work-oriented programs for the most vulnerable welfare recipients--teenage parents. These programs can achieve relatively high participation rates and will promote at least the necessary first steps toward self-sufficiency--significantly increased school attendance, job training, and employment. Both program staff and the young mothers who were required to participate in these programs felt that the programs were helpful and that the participation requirements were fair--case managers would say the requirements were essential to the program's success.

There are two important unanswered questions from this study. One is whether these early education, training, and employment impacts of the program will translate into longer-term increases in self-sufficiency. This question is being addressed through a longer term follow-up of the study sample and their children. The second unanswered question is how much improvement in outcomes could be achieved in programs that were able to address some of the shortcomings of the demonstration programs. For example, still higher participation rates and improved longer-term outcomes likely could be achieved if the programs had greater capacity to create stronger education and training options tailored to the needs of the young mothers; if they found more effective ways to help the young mothers control their fertility--something most of them want to do; and if the child support system had stronger incentives for parents--mothers and fathers--to cooperate and for the agency to focus on this population, which has limited prospects for making significant support payments in the short run. Architects of future welfare policies and programs should build on the operational success of this demonstration in serving very large caseloads of teenage parents and in sensitively but effectively using sanctions to promote participation in

sufficiency-promoting activities, but also attend to the areas where the program and/or its implementation could be strengthened.

INTRODUCTION AND SUMMARY

The Teenage Parent Demonstration was a major, large-scale federal demonstration initiative sponsored by the Department of Health and Human Services. The demonstration began in 1986, prior to the passage of the Family Support Act and the implementation of the Job Opportunities and Basic Skills Training (JOBS) program. However, the lessons from this demonstration are particularly important because the operation of the demonstration and the requirements for custodial parents under age 20 who have not successfully completed high school or its equivalent were similar to what the architects of the current JOBS provisions envisioned.

In the demonstration sites, pregnant teenagers and parenting teens with one child¹ who were receiving Aid to Families with Dependent Children (AFDC) were required to:

- Stay in school, if they were attending school at the time of program enrollment
- Return to high school or enter an adult education program, if they had already dropped out of school
- Enroll in postsecondary education
- Enroll in an appropriate skills training program as an alternative to or after completing education, or
- Seek employment as an alternative to or after completing education or training activities

The demonstrations employed case managers whose responsibilities resembled those of current JOBS case managers in many states. The case managers were responsible for conducting individual assessments to determine the supportive services needed by the young mothers; working with the young mothers to identify the appropriate major activity in which they would participate, such as regular high schools, General Educational Development (GED) preparation classes, or job clubs; monitoring attendance and progress, including requesting sanctions for noncompliance with program participation requirements; and helping to resolve problems and impediments to the young mothers' progress in the program.

¹The reason for targeting the program toward pregnant and first-time teenage parents coming onto welfare was to intervene at the earliest possible point. Pregnant teenagers were eligible for the program in Illinois, but not in New Jersey, since New Jersey does not provide AFDC to pregnant women with no custodial children.

Recent federal demonstration and policy initiatives aimed at reducing long-term welfare dependence among teenage parents have been prompted by three factors: (1) rising welfare caseloads; (2) persistently high rates of teenage pregnancies and births; and (3) the especially high probability that teenage parents on welfare will have long spells of dependency. Each year, nearly half a million American teenagers bear children, two-thirds of them for the first time. More than one-third of those who give birth as teenagers either are on welfare when they do so or subsequently become dependent on welfare. The costs of these births are staggering: one source estimates that more than \$21 billion a year in Aid to Families with Dependent Children (AFDC), food stamps, and Medicaid benefits is associated with teenage childbearing (Center for Population Options 1990). A major factor contributing to the high cost of teenage childbearing is the long average duration of AFDC dependency among those who enter the program as teenagers. For example, an estimated one-third of those entering the AFDC ranks at these young ages will depend on AFDC for 10 years or more (Ellwood 1986; and Maxfield and Rucci 1986).

This report synthesizes the results of the first phase of a major, multipart evaluation of the Teenage Parent Demonstration. This phase of the evaluation included an average of 30 months of follow-up of the study sample and resulted in more than a dozen major reports covering a wide range of issues related to service needs, service use patterns, service delivery strategies, and program impacts. We included a full list of project-related papers and reports from the evaluation at the end of this document. By late 1996, there will be another report covering five to seven years of postenrollment outcomes for the young mothers in the demonstration sample and their children.

Below, we first describe the demonstration programs and profile the population of welfare-dependent teenage parents in the demonstration sites. Then, we discuss early lessons regarding the effects of the program on out-of-home activity rates and impacts on a wide range of economic and social outcomes. Finally, we discuss program design and implementation lessons, including lessons regarding such critical program features as case management and component services. The following are some of the key study findings:

- It is feasible to design and operate mandatory education, training, and employment programs that serve large numbers of teenage parents, despite the fact that the needs of this population differ substantially from those of adult AFDC recipients.
- With active monitoring of participation, it is possible to achieve significant rates of participation. Nearly 90 percent of the young mothers who were identified as eligible for the programs enrolled and, of those who enrolled, 92 percent participated in program activities beyond the initial intake and assessment. Throughout the demonstration period, the programs kept between 30 and 50 percent of the young mothers actively in school, job training, or a job, while others were enrolled in workshops and other activities

preparatory to entering one of these major self-sufficiency-oriented activities.

- The number of new AFDC applicants who are teenage parents is a relatively small proportion of the applicant caseload--17 to 26 percent in the demonstration sites. Therefore, intervening early and implementing programs to serve this population are not likely to require a significant share of overall program resources. Furthermore, effectively serving teenage parents as they come onto AFDC could have large impacts on the overall welfare caseload, because of the relatively long expected durations of dependency among this population.
- About one-third of the young mothers used agency-funded child care. The remainder relied on unpaid care--generally provided by relatives--or paid for the care themselves or with the assistance of family members. An important part of the child care supportive services component of the demonstration was the provision of adequate information to alleviate the fears and worries of these young mothers about leaving their child in the care of someone else, especially a stranger.
- These types of programs can promote significant and sustained participation in education, training, and employment activities--activities that are likely to affect the young mothers' long-run prospects for self-sufficiency.
- The largest impacts on participation were on school enrollment (12 percentage points)--a 42 percent increase over the levels of participation these young mothers would have had under the regular AFDC regulations and services. This finding is in line with the expectation that, within state JOBS programs, educational activities should be the primary activity for most teenage parents who have not yet successfully completed high school.
- The demonstration programs also led to significant increases in employment and participation in job training (gains of 4 to 5 percentage points--12 to 19 percent).
- Programs for teenage parents can achieve these significant impacts while case managers maintain relatively large caseloads--50 to 80 active cases or total caseloads of 100 to 140 young mothers. The keys to effectively managing caseloads of this size were reliance on automated case tracking systems and routine use of the mandatory participation requirements as a case management tool.

These findings are especially noteworthy for three reasons. First, in contrast to most other welfare demonstrations, we found consistent results in all locations where programs were operated. Not only were the operational findings reinforcing and complementary across the sites, but also the pattern of program impacts on activities, as well as on economic, social, and demographic outcomes, was similar in all three demonstration sites.

Second, this is one of a handful of programs for teenage parents or disadvantaged youth in general that have been shown to have significant positive impacts for participants. Moreover, none of the other programs with positive impacts except Job Corps--a residential program for at-risk youth--shows as strong or as consistent a pattern of results as we found for this demonstration (see for example, Mallar, Kerachsky, and Thornton 1982; Quint and Riccio 1985; Polit and White 1988; Bloom et al. 1993; and Maxfield 1990).

Third, the scales of operation, administrative structures, and funding levels of these demonstration programs were consistent with those that would be encountered in a full-scale, national implementation of the program model. This is not the case with most programs for teenage parents insofar as others have tended to be very small scale (less than 100 participants and often many fewer than this), to serve a selective volunteer population, sometimes to devote substantially more resources per participant than was available for this demonstration, and to be operated outside of the welfare programs. The three programs operated in this demonstration could, indeed, be replicated on a large scale and within the welfare system.

THE TEENAGE PARENT DEMONSTRATION

Three principles formed the basis for the demonstration program models: (1) parents have primary responsibility for their own health and welfare and that of their children; (2) the government has an obligation to help welfare-dependent mothers overcome barriers to their self-sufficiency; and (3) intervention should be as early as possible, before dependency patterns are established. During a three and one-half year period from late 1987 through mid-1991, the states of Illinois and New Jersey operated demonstration programs under grants from the Office of Family Assistance of the U.S. Department of Health and Human Services. The Illinois program (Project Advance) operated in the south side of Chicago, and the New Jersey program (Teen Progress) operated in the cities of Newark and Camden--all areas characterized by high rates of unemployment, poverty, and crime (see Figure 1).

In the three demonstration sites, all teenage mothers who had only one child and began receiving AFDC for the first time for themselves and their child were required to attend an intake session. During the demonstration period, nearly 6,000 teenage mothers joined the welfare rolls, and nearly 90 percent of them enrolled in the demonstration. Consistent with the demonstration evaluation design, about half were selected at random to participate in the demonstration program; the remainder became part of a control group receiving regular AFDC services.

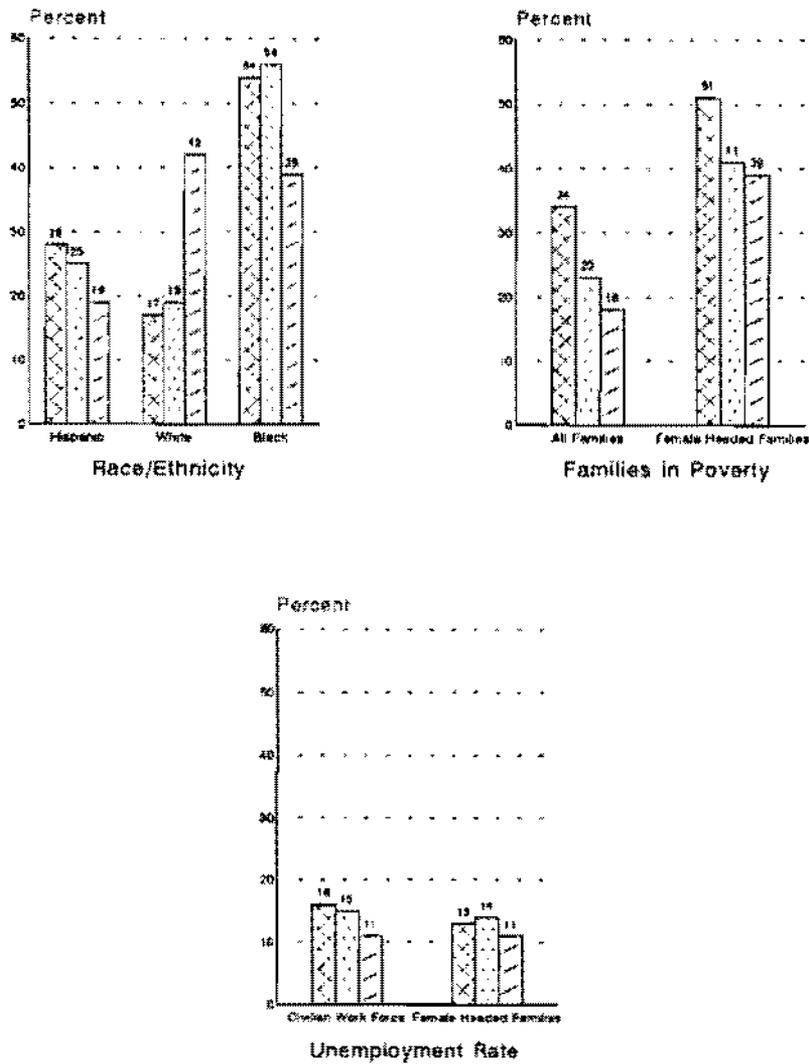
THE PROGRAM INTERVENTION

Participation in the demonstration was mandatory--underscoring both the obligation of the young mothers to take responsibility for their lives and work toward self-sufficiency and the responsibility of the program to help the participants overcome obstacles to fulfilling this goal. Those selected to participate were required to develop and comply with approved plans for engaging in activities aimed at promoting their eventual self-sufficiency.

Case management was the cornerstone of program services (Hershey 1991a). Case managers helped participants decide what education or training to pursue, found open slots in appropriate programs, coaxed and pressured the young mothers to stick to their plans, and counseled them when crises arose. If the teenage parents persistently failed to participate in planned activities, case managers initiated sanctions, consisting of reductions in AFDC grants by the amount normally allocated to cover the needs of the mother--\$160 in New Jersey and \$166 in Chicago.²

²During most of the demonstration period the grant for a mother and one child was \$322 per month in New Jersey and \$268 per month in Chicago.

FIGURE 1
CHARACTERISTICS OF THE DEMONSTRATION SITES



Camden
Newark
Chicago

SOURCE: U.S. Census (1990). Note that data are for the entire cities of Camden, Newark, and Chicago. The Chicago demonstration project area is defined as selected neighborhoods in the south side of Chicago and south suburban neighborhoods just outside the city limits.

All three demonstration programs--Camden, Newark, and Chicago--required participants to attend a set of initial workshops designed to enhance their personal skills; convey information that would help them cope with their new responsibilities as parents; and prepare them for later education, training, and employment activities (Table 1 and Hershey 1991b). The program in Chicago involved six mandatory workshops lasting a total of nine hours over three consecutive days. The mandatory workshops in Camden and Newark were generally longer (78 to 97 hours) and spread over a period of 5 to 12 weeks. Each program included specialized workshops for selected groups of participants needing help coping with particular problems or pursuing their stated goals.

To help participants progress toward self-sufficiency, the demonstration programs promoted participation in education, job training, and/or employment (Hershey and Rangarajan 1993). They relied heavily on existing education, training, and employment services in their communities. However, they also developed some in-house services using both their own staff and staff from other agencies.

The programs offered on-site as well as community-sponsored classroom General Educational Development (GED) courses for participants who had left public high schools but wanted to further their education in alternative settings. Job readiness was promoted primarily through on-site workshops and counseling, and job-skills training was provided exclusively through referrals to other community agencies. All sites attempted to place qualified participants in job training courses funded by the Job Training Partnership Act (JTPA). Access to JTPA was quite limited for this population, however, due to their low basic skills.

Child care and transportation assistance were other important program offerings (Hershey and Nagatoshi 1989; and Kisker, Silverberg, and Maynard 1990). Child care payments were available at all sites for licensed day care centers and approved family day care providers. In addition, Chicago and Newark had specially equipped child care rooms, and Camden used general program staff to provide on-site care, as needed, when participants were involved in on-site activities. All three programs provided financial assistance for transportation, as well as for miscellaneous training and education expenses, such as uniforms, registration fees, and tools.

RESOURCE LEVELS

For the steady-state operating period of the demonstrations, average program spending per participant was about \$1,400 a year; during this time participants received AFDC for an average of eight to nine months (Hershey and Silverberg 1993). These direct program expenditures were supplemented by an average of about \$800 in community-provided services, including alternative educational services, but not regular high school programs. This brought the average annual resources to about \$2,200 per participant per year, with the average ranging from \$3,200 in Camden to \$1,800 in Chicago (see Figure 2).

TABLE 1
PROGRAM WORKSHOPS

Topic	Total Hours		
	Camden	Newark	Chicago
Child Support	*	*	1.5
Family Planning	6	54	1.5
Health/Nutrition	18	12	1.5
HIV/Drug Abuse	--	18	--
Life Skills/Family Life Management	21	18	--
Motivation	17	15	1.5
Parenting	21	20	1.5
Personal Grooming	12	--	--
Pre-Employment	18	--	--
World of Work	--	--	1.5

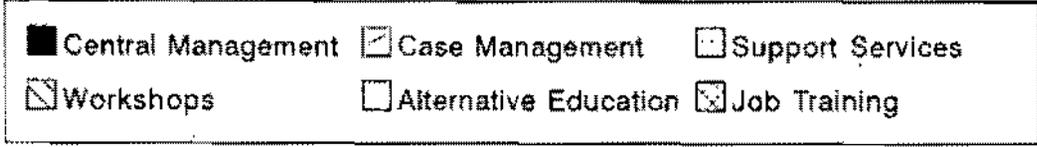
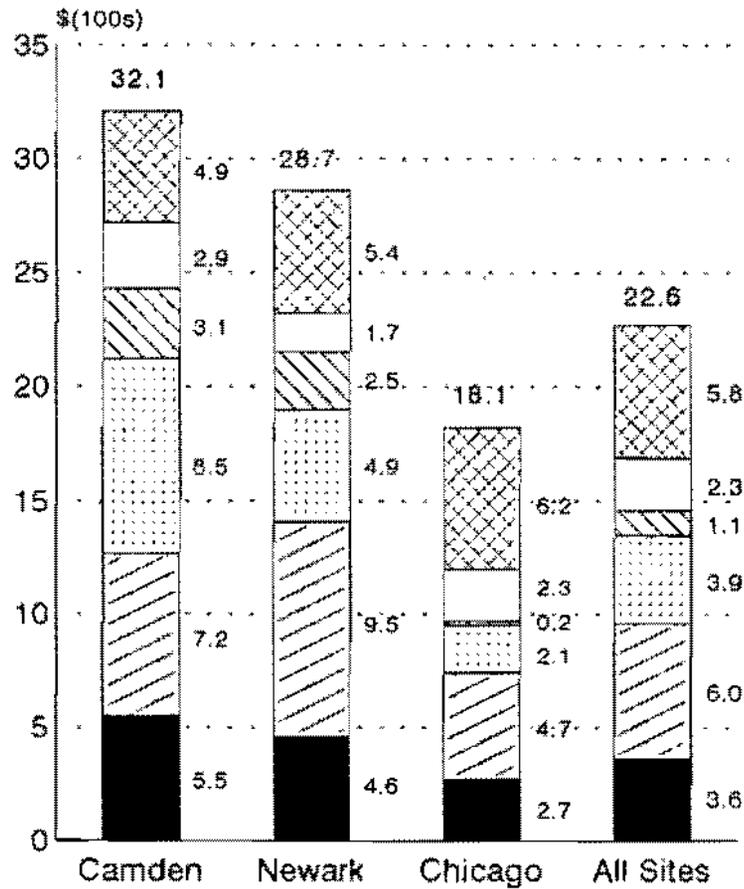
*Child support issues were addressed in various other workshops.

These total costs are well within the range of average costs for previous adult work-welfare demonstrations, which generally offered an average of six months of job training (Maynard, Maxfield et al. 1986; and Maxfield 1990).

In all sites, the major share of resource costs (40 to 50 percent) was associated with case management and support services. Job training was the next largest component, accounting for up to a third of project-related resources at the Chicago site and 12 to 14 percent at the others. Much of the cross-site differences in expenditures can be attributed to economies of scale. For example, the Chicago program had lower average central management costs and much lower average case management costs because of its much higher average caseload (about 80 versus 40 in the New Jersey sites). The Chicago program also spent minimal resources on workshops, after deciding to offer primarily brief introductory workshops, and it spent much less on support services, particularly child care.

FIGURE 2

AVERAGE SERVICE COSTS PER PARTICIPANT
(Including Costs of Community Services)



SOURCE: New Jersey Department of Human Services Demonstration expenditure reports; Illinois Department of Public Aid Obligation transaction reports; interviews with site managers; Illinois FY 1989 grant renewal application. See also Hershey and Silverberg (1993).

THE TARGET POPULATION AND STUDY SAMPLE

The target population for the demonstration consisted of *all* teenagers who, for the first time, were parents *and* receiving AFDC (either as the head of their own cases or as "minor" mothers) or who had no children but were in the third trimester of a pregnancy and receiving AFDC.³ This target population overlaps considerably with the population that is subject to mandatory participation in the Job Opportunities and Basic Skills Training (JOBS) program created under the Family Support Act of 1988. It is more broadly defined than the JOBS mandatory teenage parent population in two respects, but more narrowly defined than the JOBS population in one respect. The demonstration target population included teenage parents regardless of their age, while those younger than 16 are exempt from JOBS. It also included teenage parents who were attending school or were high school graduates at the time of referral, whereas students and high school graduates with children younger than age three are exempt from JOBS. On the other hand, the demonstration target population excluded teenage parents who had more than one child when they began receiving assistance or who had previously received AFDC with their child; these teenagers are required to participate in JOBS if they are between 16 and 19 years old and are high school dropouts. The result was that roughly one-third of the young mothers in the study sample met the requirements for mandatory participation in the JOBS program (the 16- to 19-year-old school dropouts); another third were at high risk of becoming mandatory (those who were 16 to 19 and still in school or who were under 16 and dropouts); and a third were at low risk of becoming mandatory (those who had completed high school or were older than 19)--see Figure 3.

The teenage parents in the demonstration target population were a relatively small portion of all AFDC applicants--between 6 and 17 percent of new AFDC applicants at the three sites. Nonetheless, the number of newly welfare-dependent teenage mothers each month was substantial, ranging from 35 to 40 in Camden (a city of 100,000) to 150 to 175 in the Chicago catchment area (an area of about one million residents).

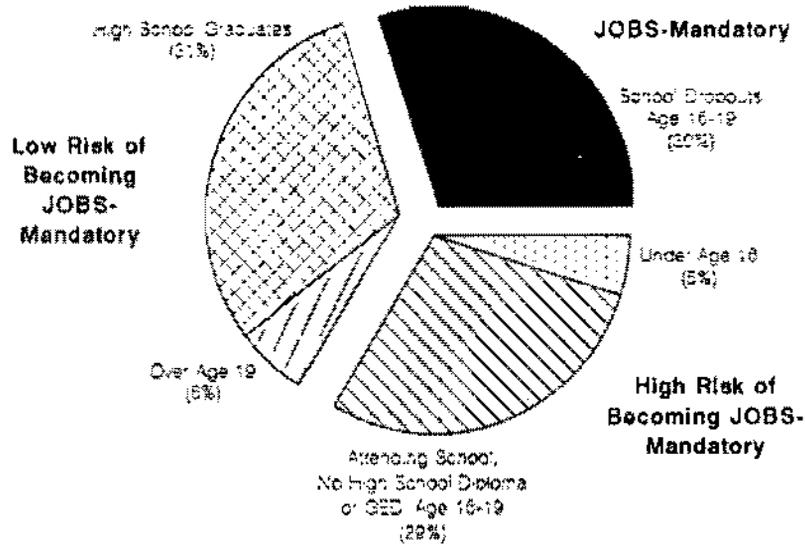
THE STUDY SAMPLE AND DATA

Of the nearly 6,000 eligible individuals who were identified in the three demonstration sites, 5,297 (89 percent) completed intake.⁴ About half were then selected at random to participate in the demonstration programs (receiving enhanced services); the others served as a control group (receiving regular services).

³This condition of eligibility applied only in Illinois, since New Jersey does not provide AFDC to pregnant women with no other children in their care.

⁴Slightly more than half the sample members (nearly 55 percent) were in the Chicago program, while about 23 percent were in each of the New Jersey sites.

FIGURE 3
JOBS ELIGIBILITY STATUS OF
DEMONSTRATION PARTICIPANTS AT ENROLLMENT



SOURCE: Teenage Parent Demonstration.

NOTE: Approximately 1.3 percent of the sample had no child under three and would have been subject to mandatory participation under the regular program guidelines, not the adolescent parent provisions.

Data for the evaluation came from site observations, executive interviews with program staff, program data, state records data, and interviews with the sample members (see Table 2). Background data for young mothers in the study sample were collected through group-administered intake forms and basic skills tests completed by the 89 percent of the young mothers who completed intake--the baseline sample. Detailed information on program participation and service use was available for all young mothers assigned to the enhanced-services group--a randomly selected half of the baseline sample. Information on outcome measures was obtained through follow-up surveys and retests with those in the enhanced- and regular-services groups. Follow-up surveys were completed with 85 percent of those in the follow-up survey sample--the full baseline sample in Camden and Newark and a representative 75 percent of the Chicago baseline sample. Retests were completed with 67 percent of this follow-up sample. Data on welfare and earnings were obtained from administrative records for the full study sample, including the 11 percent of eligible teenage mothers who failed to complete intake. Child support data were obtained from administrative data only for the baseline sample.

TABLE 2
SAMPLE SIZES

Sample Subgroup	Site			Total
	Camden	Newark	Chicago	
Eligible Teenage Mothers	1,256	1,346	3,360	5,962
Baseline Sample	1,218	1,190	2,889	5,297
Enhanced-Services Group Sample	633	575	1,439	2,647
Survey and Retest Sample	1,218	1,190	2,151 *	4,559 *
Completed follow-up survey	1,057	971	1,839	3,867
Completed TABE retest	836	743	1,484	3,063
Administrative Records Sample				
Wage and welfare data	1,256	1,346	3,360	5,962
Child support data	1,218	1,190	2,889	5,297
Focus Group Participants	33	18	37	88
In-Depth Interviews	35	0	35	70
Case Conferences	15	15	16	46

*Follow-up surveys and retests were attempted with only 75 percent of the Chicago baseline sample.

A substantial amount of qualitative data complemented this quantitative information. We conducted regular program monitoring visits throughout the demonstration. We also systematically gathered information about the experiences, characteristics, and problems of the young mothers in the sample and the efforts of those in the enhanced-services group to deal with program participation requirements. Focus groups with the young mothers (88 sample members), in-depth semi-structured interviews (70 sample members), and case conferences with program staff (focusing on 46 enhanced-services group members) provided the opportunity to collect this information.

CHARACTERISTICS OF THE TARGET POPULATION

The profile of teenagers in this study sample is one of young mothers who need a lot of help--help that goes far beyond a requirement to finish school--if they are to make progress toward becoming economically self-sufficient. For most, getting a high school diploma or a GED is an important step toward self-sufficiency. For many, however, their educational deficit is just a symptom of many other problems that get in the way of doing better in school--or even going to school.

Statistical Profile of the Sample⁵

As a group, participants were young and had substantial educational deficits (see Table 3). They were 18 years old on average, but as many as 5 to 10 percent were 15 or younger. Most were identified and brought into the program when their children were still infants. More than 80 percent of the children were younger than one year, and more than 60 percent were less than six months old.

About 30 percent of the young mothers had dropped out of school before completing high school, and most who were still in school were behind grade level. Many had had negative experiences in traditional school settings. Between 55 and 60 percent of the demonstration participants and more than one-third of those who completed the twelfth grade had reading scores below the eighth-grade level--the minimum level often required for participation in JTPA job-training courses. One-third had reading skills below the sixth-grade level, and one-fourth had less than sixth-grade math skills.

More than half the young mothers had some work experience before enrolling in the demonstration, but most of this employment had been short term and at low wages. Moreover, many reported having child care problems (one-third) and transportation difficulties (one-fourth) that limited their employment options.

Many had left their parents' homes and were receiving no support from the fathers of their children. Only about half of these young mothers were still living in households with other adults (usually one or both parents) who potentially could provide economic and social support; fewer than 4 percent lived with the father of their child. Only about 30 percent received any child support from a noncustodial father, and only 17 percent received support regularly.

Participants who were at low risk of mandatory participation in JOBS tended to be relatively less disadvantaged than either the JOBS-mandatory or the high-risk groups. Most notably, they were older, had substantially more work and training experience, and scored an average of one grade level higher on the Test of Adult Basic Education (TABE) tests.

⁵The description in this section is based largely on baseline interviews conducted with all sample members.

TABLE 3
CHARACTERISTICS OF THE SAMPLE

	Site			Total Sample
	Camden	Newark	Chicago	
Age (Percent)				
15 or younger	10.3	4.6	3.3	5.2
16 to 17	36.2	25.0	18.3	23.9
18 to 19	59.2	62.5	73.0	65.4
20 or older	3.2	7.9	5.3	5.5
(Average age)	(17.9)	(18.5)	(18.6)	(18.4)
Race/Ethnicity (Percent)				
Hispanic	37.5	25.4	5.1	17.0
Black, non-Hispanic	56.3	71.8	85.0	75.5
White, non-Hispanic/other	6.2	2.8	9.9	7.5
Marital Status (Percent)				
Never married, not living together	84.4	91.3	95.6	92.1
Married/unmarried, but living together	7.6	4.1	1.7	3.5
Separated, widowed, or divorced	9.0	4.7	2.7	4.3
Average Number in Household	4.9	4.8	4.6	4.7
Average Age of Youngest Child (Months)*	7.8	12.0	9.3	9.6
Living with Parent (Percent)	46.2	53.4	46.1	47.7
Family Received Welfare During Childhood (Percent)				
Most/all the time	33.4	36.3	24.1	28.9
Occasionally to half the time	35.5	32.9	31.8	33.0
Never	31.0	30.8	44.0	38.1
Attending School at Intake (Percent)	46.5	36.8	45.3	43.7
Completed High School/GED (Percent)	21.2	26.1	40.0	32.7
Non-English-Speaking (Percent)	8.6	5.2	0.2	3.2
TABE Grade Equivalent Score				
Reading	7.4	7.5	8.4	8.0
Math	7.6	8.1	7.8	7.8
Language	7.1	7.3	7.3	7.3
Ever Held a Job (Percent)	49.4	55.4	50.9	51.6
Ever in Job Training (Percent)	12.6	19.9	16.1	16.2
Sample Size	1,318	1,190	2,889	5,297

SOURCE: Program Intake Forms.

* Excludes those pregnant and not yet mothers at time of enrollment (5 percent in Camden, 3 percent in Newark, and 17 percent in Chicago). Because of a misunderstanding about program eligibility rules, for a limited period of time, the Camden and Newark programs enrolled pregnant teenagers with no other children.

Perspectives of the Young Mothers⁶

All of these young mothers faced significant barriers to self-sufficiency simply by virtue of their living arrangements. Almost all of them lived in poverty, often in dangerous neighborhoods. Moreover, they had relatively few role models in their communities to guide them toward social and economic independence. Overall, the young mothers and their social settings differed substantially with respect to the specific barriers they faced and the resources they had available to promote their efforts to achieve self-sufficiency. Yet, most who made strides toward self-sufficiency found the changes in their lives rewarding:

I'm happy I got a job because I was on welfare and I was tired of staying home waiting for the first of the month check, and there wasn't enough for me and my child. Then when I got a job I was happy because it keeps me out of being bored and being responsible for my kid. I'm making money and supporting my kid. It shows me to be more responsible.

Factors acting as barriers or facilitators to self-sufficiency varied considerably by participant's school status (dropouts, those still in high school, and those who had completed high school--see Exhibit 1).

As a group, high school dropouts who were not in school faced the greatest barriers to self-sufficiency. Some had extremely poor basic skills and no family resources to support them, barriers that are often compounded by deep personal problems, dysfunctional home situations, and entrenchment in the welfare system. But some of the young mothers who dropped out of school did so because of extenuating circumstances that were more transitory in nature, such as their pregnancy coinciding with another major family crisis. In such cases, an intervention like the Teenage Parent Demonstration has substantial potential to prompt them to return to school or some other productive activity.

Those who remained in or returned to school after giving birth to their first child had a somewhat different mix of barriers and resources to facilitate self-sufficiency. Some were highly motivated and had enough family support to remain in school with or without outside assistance. For others, however, their attachment to school was tenuous at best. In some of these cases, programs such as those implemented for the demonstration can be helpful in maintaining school attendance. In other cases, the challenge seems larger than can be addressed by the program resources.

⁶This discussion of the perspectives of the young mothers is based primarily on qualitative data from the focus groups, in-depth interviews, and the case conference sessions. See Polit (1992) for a full report on the approach to and results of this qualitative research.

A third group of students--those who graduated from high school--exhibited still different profiles of barriers and strengths. Some had the skills to pursue employment or higher education but lacked the motivation, lived in dysfunctional family situations, and/or faced other impediments to pursuing such goals. At the other extreme, some of these young mothers were on the path to self-sufficiency and used program resources only to expedite their achievement of this goal.

Among the more common themes for this target population were the significant barriers imposed by their inexperience with and access to child care and their inability to control their fertility. Their strengths revolved around their resiliency and their strong desires to be good parents. In most cases, these young mothers expected little or no assistance from the fathers of their children and, as a group, they saw no advantages to cooperating with the child support enforcement agency.

Child Care as a Barrier. A major barrier to participation in the demonstration programs was the teenagers' child care needs. Although the program helped participants find and pay for child care, resistance to considering care by nonrelatives was high, primarily because the young mothers felt they could never trust a stranger to care for their children:

I have to know the person real good to let them take care of the baby, because these days you can't trust a lot of people taking care of babies. I would be scared because these days babysitters abuse little kids and you don't know it until you find out for yourself.

On the news they say that there are kids that are molested by the people in day care. I'm not saying it won't happen with relatives 'cause I know it happens with relatives, too. I don't trust nobody with my kids.

In the end, most of the young mothers were able to rely on relatives to care for their babies, and they were generally satisfied with these arrangements. Moreover, the financial assistance provided by the programs generally eliminated cost as a major concern.

Repeat Pregnancies Undermine Self-Sufficiency Goals. Most of the young mothers agreed that future childbearing should either be postponed for a considerable period of time or avoided altogether. Those who wanted to postpone their next pregnancies generally wanted to wait until they were more financially secure:

EXHIBIT 1

PROFILES OF WELFARE-DEPENDENT TEENAGE PARENTS

DROPOUTS--WITH AND WITHOUT SUPPORT

Yolanda was a 16-year-old Hispanic teenager who had dropped out of school in the ninth grade and who had no work experience. She lived with her mother, who was very supportive, and a younger sister. Although Yolanda was shy, she appeared very motivated to get off welfare, and was always very cooperative with program staff. In early 1988 she enrolled in a GED preparation program, and then later the same year enrolled in a program to learn word processing. She has taken the GED test twice without passing it, but has not become discouraged (perhaps in part because her performance on the test improved). Yolanda has continued to study for the GED test, and in the meantime also took a part-time clerical job in a hospital, earning \$4.50 per hour. She did so well on the job that she was offered a full-time position in December 1990. But, she decided to wait until she obtained her GED certificate. She was scheduled for a retest in the spring of 1991. Her case manager feels that Yolanda might have eventually succeeded in finishing school and obtaining employment without the program, but would probably have taken many more years to accomplish these goals on her own.

Yvette was an 18-year-old dropout who had been out of school for about 18 months when she entered the program in October 1987. At that time, she was pregnant with a second child; her oldest child was three. Yvette came from a family with a history of problems. She herself had spent several years in foster care and had been reported to the state child welfare agency for alleged neglect of her own child. Yvette had reading test scores that were higher than the average for the sample (about the ninth-grade level) but had little motivation to comply with the program or to participate in any activities. After program entry, her case was temporarily deferred because of her pregnancy. Once the deferral was removed, Yvette failed to comply with the program requirements, even though program staff made several home visits and offered to pick her up so that she could attend program workshops. She was sanctioned in early 1988 and has remained sanctioned ever since then. Program staff feel that the sanction has no great relevance to Yvette; they suspect that she may be earning money on the side through prostitution.

IN SCHOOL--BUT LOW BASIC SKILLS

Miranda was 14 years old and in the sixth grade. She was living with her 30-year-old mother, her stepfather, and a 13-year-old brother. Her basic skills scores were extremely low (third-grade level). Miranda was very uncooperative with the program initially and made it clear that she did not want to participate. She received five warnings for failure to comply with program requirements in the next year and then was finally sanctioned in the fall of 1989 when she dropped out of school. The sanction remained until Miranda returned to the program in fall 1990 and asked to have her sanction lifted. In the meantime, she had a second baby and experienced a number of serious family problems. When she came back to the program, Miranda was put into the life skills workshop, where she became very attached to and inspired by the instructor. Staff agree that Miranda has subsequently matured considerably: her attitude, appearance, and motivation all improved. She completed all of the program workshops and was participating regularly in the program's on-site Adult Basic Education program.

Daniella was a 17-year-old junior in high school. She lived with her grandmother, as she had lived since age three when her mother died. She dropped out of school shortly after intake and had a history of irregular compliance with program requirements. She was sanctioned for the first time two months after intake for failure to attend the assessment interview and program workshops and has subsequently been sanctioned on several occasions. In the fall of 1990 Daniella enrolled in the program's on-site GED program. She was sanctioned in January 1991 for nonattendance, but after the sanction was imposed, her attendance improved.

Daniella's long-range prospects are not promising. At intake, Daniella performed poorly on the Test of Adult Basic Skills (reading at the fifth-grade level), and she is in the low end of the GED class. She had a second child in March 1990 and is believed to be now living with her boyfriend, who allegedly abuses her. Program staff describe Daniella as a very needy and demanding person who might have an alcohol and drug problem; she is "feisty," "aggressive," "volatile," and "manipulative." In school, she is the "class clown." Although program staff are not sure about her ability to finish her GED or become employed, they believe she would simply be sitting around "watching soaps" without the program.

GRADUATES--SUCSESSES AND FAILURES

Zelda was 19 years old and attending college when she entered the program in December 1988. She had already completed a two-year medical assistant program and had an A.A. degree, but was continuing her education in a four-year program at the University of Illinois. Her goal is to become a doctor, and program staff believe she has both the ability (she had perfect scores on all her basic skills tests) and the determination to achieve this goal; she also has excellent family support. Zelda complied with all program requirements such as workshop attendance. The program provided her with both transportation and child care assistance, which further facilitated her school attendance. In mid-1989 Zelda told her case manager that she wanted to earn some money. The case manager suggested that she take the civil service test, which she passed, and she secured a full-time job in the post office earning \$11.26 per hour with full benefits. Her case was closed in July 1989 as a result of her employment. At last contact, Zelda was both working full-time and going to college.

Emma entered the program in November 1987, when she was 18 years old. She had graduated the previous June as a special education student in sewing, which she had hated. According to test scores, she was reading at the third-grade level. At intake, she was still involved with the father of her baby (who was reputedly a drug dealer and had children with other women). After entering the program, Emma enrolled in a cosmetology school, attended regularly, and graduated in June 1989. However, she gave birth to her second child shortly afterwards, in August 1989. After taking the exam for her cosmetology license in April 1990, Emma learned that she had not passed and was unwilling to try again; staff believe that she probably failed the reading portion of the test, and that she might never be able to pass it. At the time of the case conference, she was "not doing much of anything," although she continued to participate in some job search activities without much enthusiasm. Program staff believe that she is no longer motivated, in part because of discouragement and in part because her boyfriend is a "bad influence" whose financial assistance, at least in the short run, makes the threat of a sanction less relevant to Emma than it might be to others.

I might have a child years from now. My daughter will probably be in high school by then. I want to get my life together. I want to be married, have a good husband, a good home, and know I could afford another one. I don't think I could handle it. Maybe when I'm 30 or 25, but right now it would be too much to handle. I'd probably commit suicide.

Many young mothers, however, acknowledged having problems controlling their fertility. By the time of the in-depth interviews (roughly 18 to 24 months after sample enrollment), about one-third in the in-depth sample had had a repeat pregnancy. These repeat pregnancies, like the first ones, were almost never intentional. The young mothers, who often had a fatalistic outlook, indicated that their pregnancies had "just happened":

I didn't plan it, and then again I kind of knew that it was going to happen because I wasn't like really taking the pills like I was supposed to. I couldn't remember every day to take a pill. And I still don't. I really don't want to take time off for no more children right now. I'm not ready for it now. But I'm allergic to birth control pills. So I'm not having sex as often as I used to. I want my boyfriend to use a condom.

Resiliency and Determination. Many of the young mothers appeared to be very resilient and determined. In spite of the difficult circumstances in which they were living, many were highly motivated both to better themselves and to provide their children with a better childhood than they experienced:

I have to get out of here. I can't stand it. No matter where you turn, all you see is this guy and that guy trying to sell drugs. I don't want my son to grow up with them. Sometimes little boys let other people influence them, and I don't want him to be growing up thinking that that's something that he has to do to make money.

Furthermore, many had family support that enabled them to move forward with their lives despite their parenting responsibilities.

Almost none of the young mothers envisioned permanent dependence on welfare; there was a strong and almost universal hatred of it. According to most of these teenagers, women on welfare become addicted to receiving public assistance and, over time, their motivation and ability to become self-sufficient erode:

It's like a drug or something. They get lazy, and they depend on it. They don't have to work or do nothing 'cause they just wait in their house for the check to come. They let years go past, and they have no experience.

I started to feel lazy. You start depending on it. You sit there every month, first of the month, waiting for your check. And I'm not going to be home sitting like that. I've got to keep doing something.

Rewards of Parenthood. Most of the young mothers emphasized the positive aspects of having a child. Their children provided love and affection, enhanced their self-esteem, and made them feel more mature and responsible:

I like being a mom. I love my son, nothing could change that. He's, how can I say it? I don't know, he's everything to me anyway. I don't care about nothing else but him, how he is.

Given the limited rewards many of these teenagers derive from other aspects of their lives, these benefits of motherhood seem quite powerful.

For some of these mothers, regular employment and participation in self-sufficiency-oriented activities were perceived as interfering with their parenting responsibilities. Most teenagers, however, felt it was not only acceptable but desirable to work before their children started school, primarily because of their desire to provide for their children's needs:

I think mothers should work. For one thing, your child gets to learn how to be with other children. And they learn to do little things that maybe you don't have time to teach them at home. So I think she should work, even just to help the child out a little.

Resistance to Child Support Enforcement Efforts. Only a handful of mothers in the sample cooperated with the child support enforcement agency, even though sizable numbers were in contact with the fathers of their children and many received support from them. Very few of the young mothers lived with the fathers of their children and only about one-third saw the fathers of their children regularly. On the other hand, about half of those in the in-depth interview sample indicated that they continued to receive some type of assistance from the fathers of their babies, typically in the form of material goods (groceries, diapers, baby clothes) or small amounts of cash.

Even those who received modest informal support from the fathers, however, generally felt it was in their best interest to resist cooperation with the enforcement agency:

He gives me \$30 a week. That's a lot better than welfare would give me.

Well, the thing I don't like about it is they sent me a letter, take him to court. But see, I didn't want to take him to court because he was doing for the child. Then that makes the fathers think that you're making them, like, you got something against them. . . . And then I was saying, "Why do he have to pay since he's already doing for her?" I could see if he wasn't doing nothing for her and you wanted him to pay."

That almost broke me and my baby's father up. We almost broke up because of that. I mean, because when I told him, he was like, "But why do you want to take me to court for child support?" I'm like, "I'm not, it's Public Aid." And you know, we were gonna end up breaking up because of Public Aid.

Many who received no child support stated their preference for having nothing further to do with their babies' fathers.

PROGRAM PARTICIPATION

Through the efforts of committed staff, the programs succeeded in achieving participation rates that compare very favorably with those achieved in other work-oriented welfare programs.⁷ Nearly 90 percent of the teenagers who were selected for participation completed program intake, which consisted of completing a group-administered questionnaire and a basic skills test.

Ongoing participation in program activities and compliance with service plans also were relatively high but varied both over time and across sites (Gleason et al. 1993). Of the teenage mothers who completed intake and were assigned to the enhanced-services group, 92 percent (82 percent of the full sample) participated in subsequent program activities (see Figure 4). More than 80 percent completed an extensive assessment and developed a self-sufficiency plan, which included long-term goals and specified the intermediate steps to move toward these goals. Seventy-two percent completed one or more program workshops. And, 70 percent engaged in at least one of three major activities--school, job training, or employment. Many engaged in more than one of these activities; at some time during the demonstration period, 47 percent attended school, 29 percent had some type of job training, and 33 percent were employed. In view of the fact that these were nonselective, comprehensive coverage programs that made commitments to work with *all* new teenage parents on welfare, these were quite high participation and activity rates.

VARIATION AMONG SUBGROUPS AND OVER TIME

Participation rates varied by site because of differences in program emphasis, local opportunities, and the characteristics of the population being served. More than 90 percent of participants in Chicago completed at least some of a series of mandatory workshops held in quick succession over three days, while about half of the New Jersey participants completed at least one of a much more extensive set of required workshops. About three-fourths of the program participants in Chicago engaged in education, training, and/or employment, compared with about two-thirds of the Camden teenagers and 58 percent of the Newark ones.

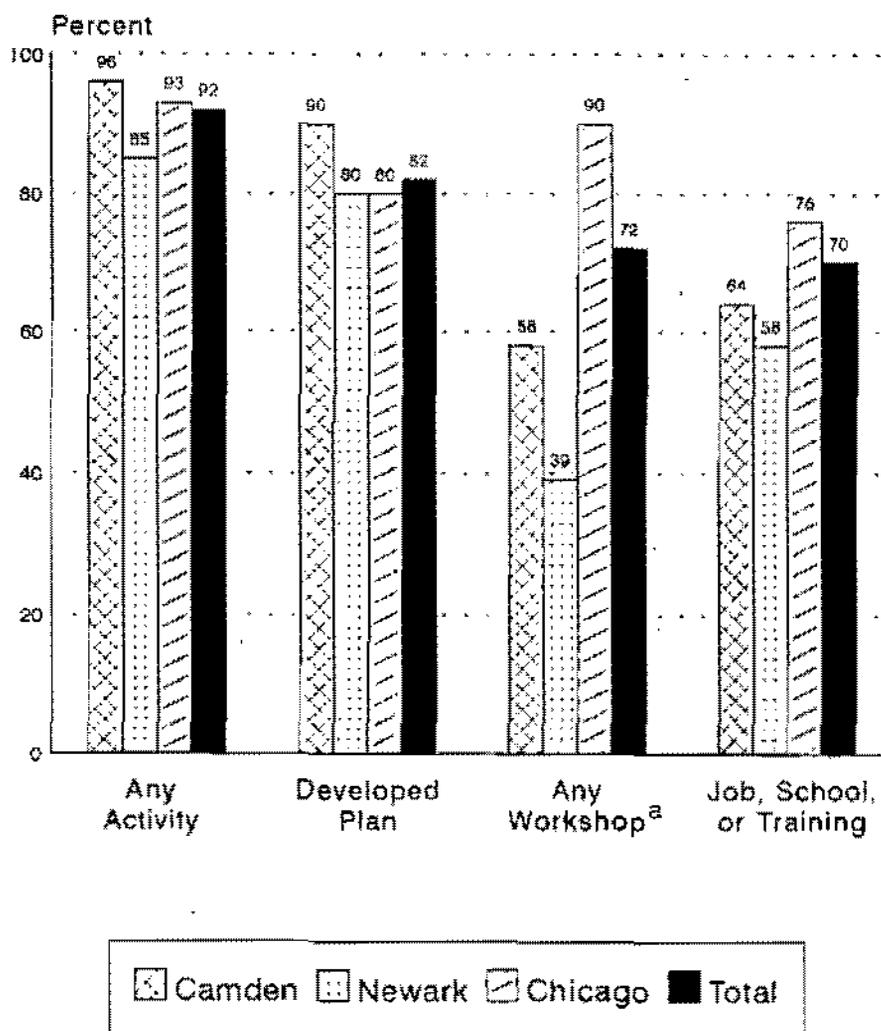
Through persistent monitoring and assistance by case managers, programs were able to keep between 30 and 50 percent of those subject to participation requirements active in demonstration-approved activities each month (see

⁷See for example, Gueron and Pauly (1991), Riccio and Friedlander (1992), and Bloom et al. (1991).

FIGURE 4

PROGRAM PARTICIPATION OF THE ENHANCED-SERVICES GROUP

(Enrollment through March 1990)



SOURCE: Teenage Parent Demonstration MIS.

^a The high workshop completion rate in Chicago is attributable to the fact that its complete set of initial workshops lasted only three days. Individual workshops in New Jersey often lasted as long as six weeks.

Figure 5).⁸ However, the mix of young mothers' activities changed over their period of participation; the most notable change was an increase over time in the proportion of those employed (see Figure 6). The mix of program-approved activities also shifted over the life of the demonstration period, with proportionately higher rates of participation in job training and employment among later cohorts (not shown). This shift reflected the programs' increasing emphasis on employment and greater experience in establishing linkages with community services.

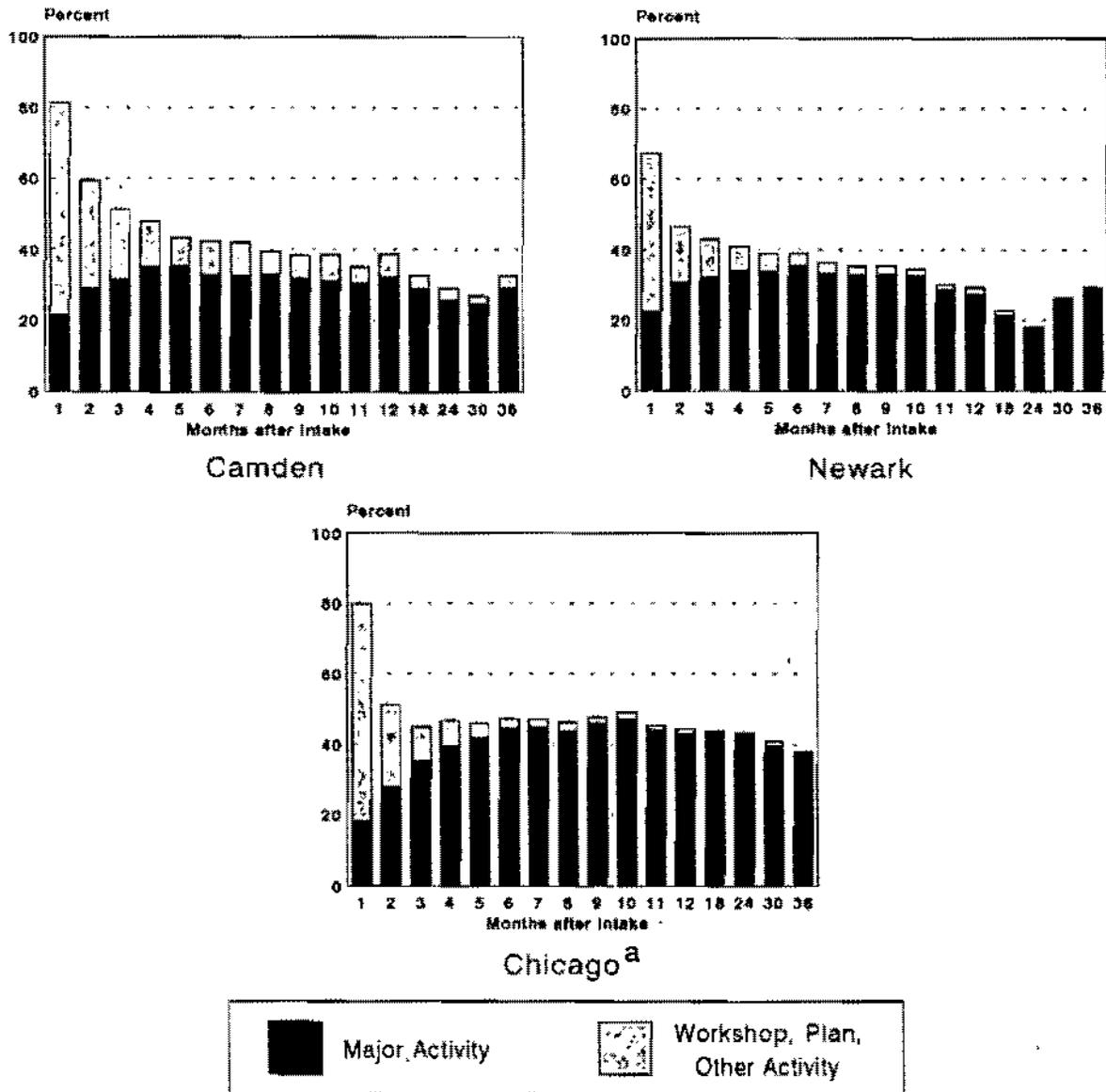
Participation in program activities was highest among those who had relatively high basic skills, were enrolled in school at intake, did not have any health problems, were black, and/or lived at home with mothers not employed outside the home (Gleason et al. 1993, Chapter IV). The relationship between educational attainment and activity rates varied across the three sites, reflecting, in part, differences in the education and training options available and the eligibility requirements for training programs in particular. In all sites, however, those with a high school degree were significantly less likely than those without one to participate in education and more likely to participate in training and employment.

Activity rates were consistently lowest among school dropouts who would have been mandatory participants under the JOBS program (30 to 35 percent in any month, compared with 40 to 50 percent for high school graduates and those who were in school at the time of program enrollment). This fact is consistent with the younger age of dropouts and their somewhat lower basic skills. Like in-school youth who are at high risk of becoming JOBS mandatory, the most common activity of those who were dropouts when they enrolled in the program was education, while that of high school graduates was more often training and employment.

Spells of inactivity were common among the participants, with 80 percent having at least one spell of inactivity and more than 25 percent having multiple spells. Although most of these intervals lasted relatively short periods (22 percent lasted a month or less and 44 percent, two to six months), 14 percent lasted more than a year (see Figure 7). In part as a result of the sanction policy, most spells of inactivity ended when young mothers left AFDC altogether (27 percent) or entered or returned to school, work, or training (43 percent).

⁸By March 1991--an average of about three years after participants came into the program--about one-fourth of the young mothers were in school, in job training, or had a job; one-third were no longer receiving AFDC; and 10 percent were temporarily deferred from full-time participation requirements because of factors such as poor health, severe personal problems, or other major barriers (Bloomenthal, Leubuscher, and Maynard 1992). An additional 12 percent were sanctioned for noncompliance with participation requirements.

FIGURE 5
PARTICIPATION IN PROGRAM ACTIVITIES
(Potential Participants)



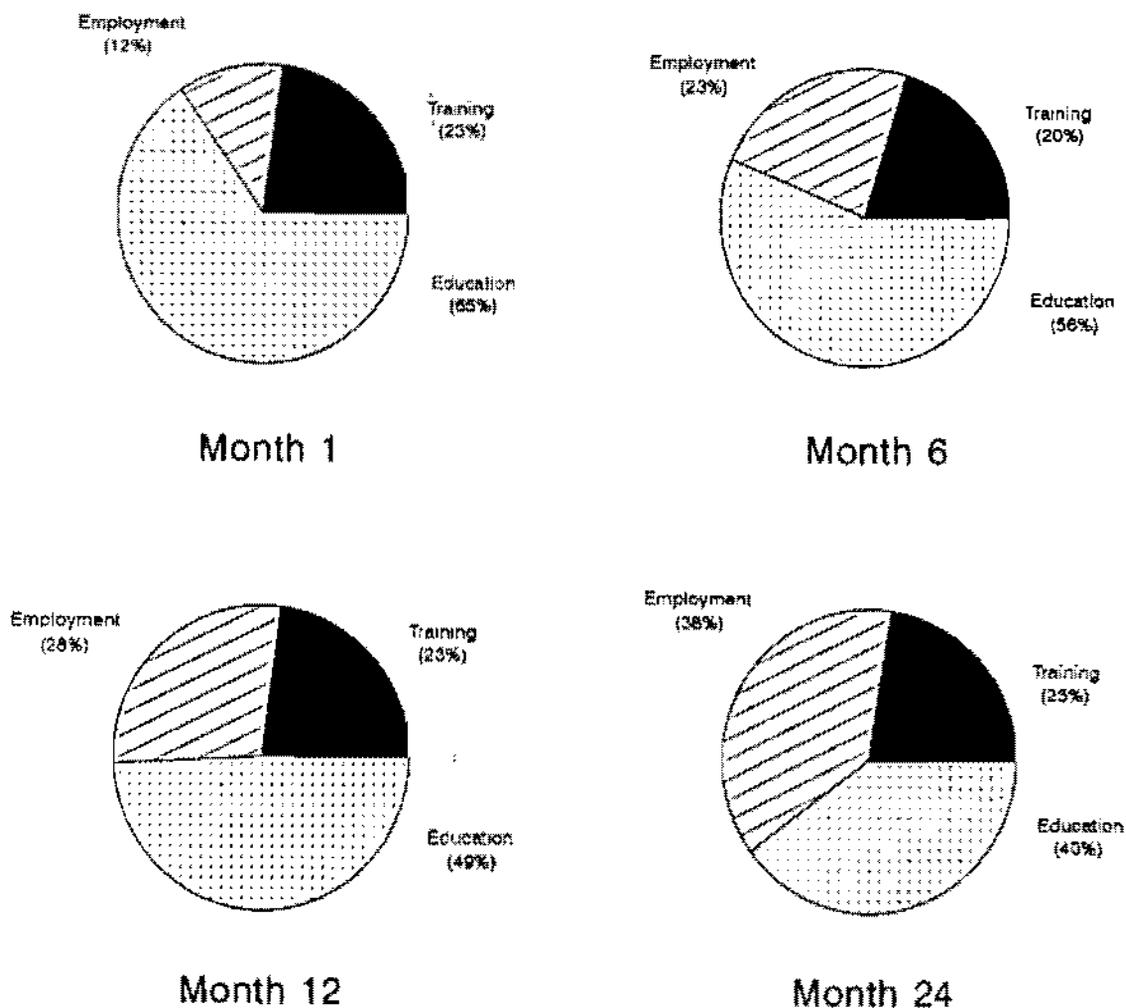
SOURCE: Teenage Parent Demonstration MIS.

NOTE: The sample size varied from month to month as participants left AFDC or were deferred from participation in a given month. Potential participants included all teenagers who were not deferred or off AFDC in a given month.

^a In early months, the Chicago sample had a much higher rate of workshop completion than did the New Jersey samples. This is because the complete set of initial workshops in Chicago lasted for three days, while individual workshops in New Jersey often lasted as long as six weeks.

FIGURE 6

ACTIVITIES OF ENHANCED-SERVICES GROUP MEMBERS
(Those Active in a Given Month)

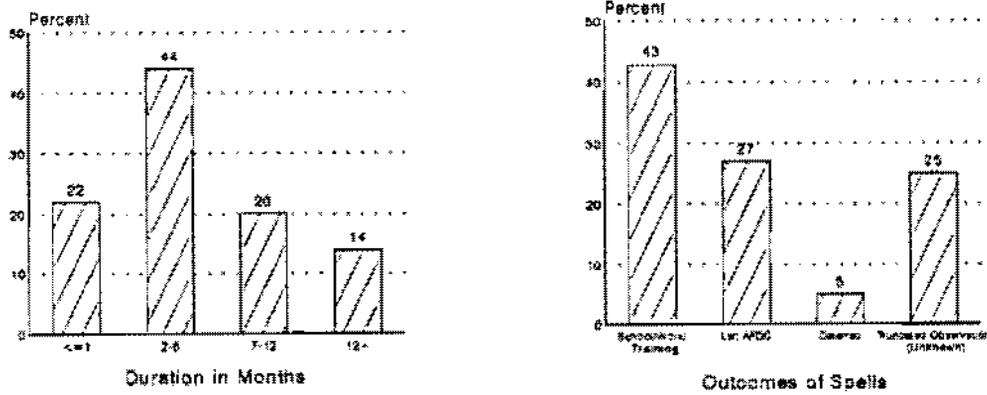


SOURCE: Teenage Parent Demonstration MIS.

NOTE: These figures show major activity distribution for all three sites combined. In general, Chicago contributed about half of the participants used in calculating these percentages, with the two New Jersey sites contributing the other half. Numbers may not total 100 due to rounding.

FIGURE 7

DURATIONS AND OUTCOMES OF SPELLS OF INACTIVITY
AMONG ENHANCED-SERVICES GROUP MEMBERS



SOURCE: Teenage Parent Demonstration MIS.

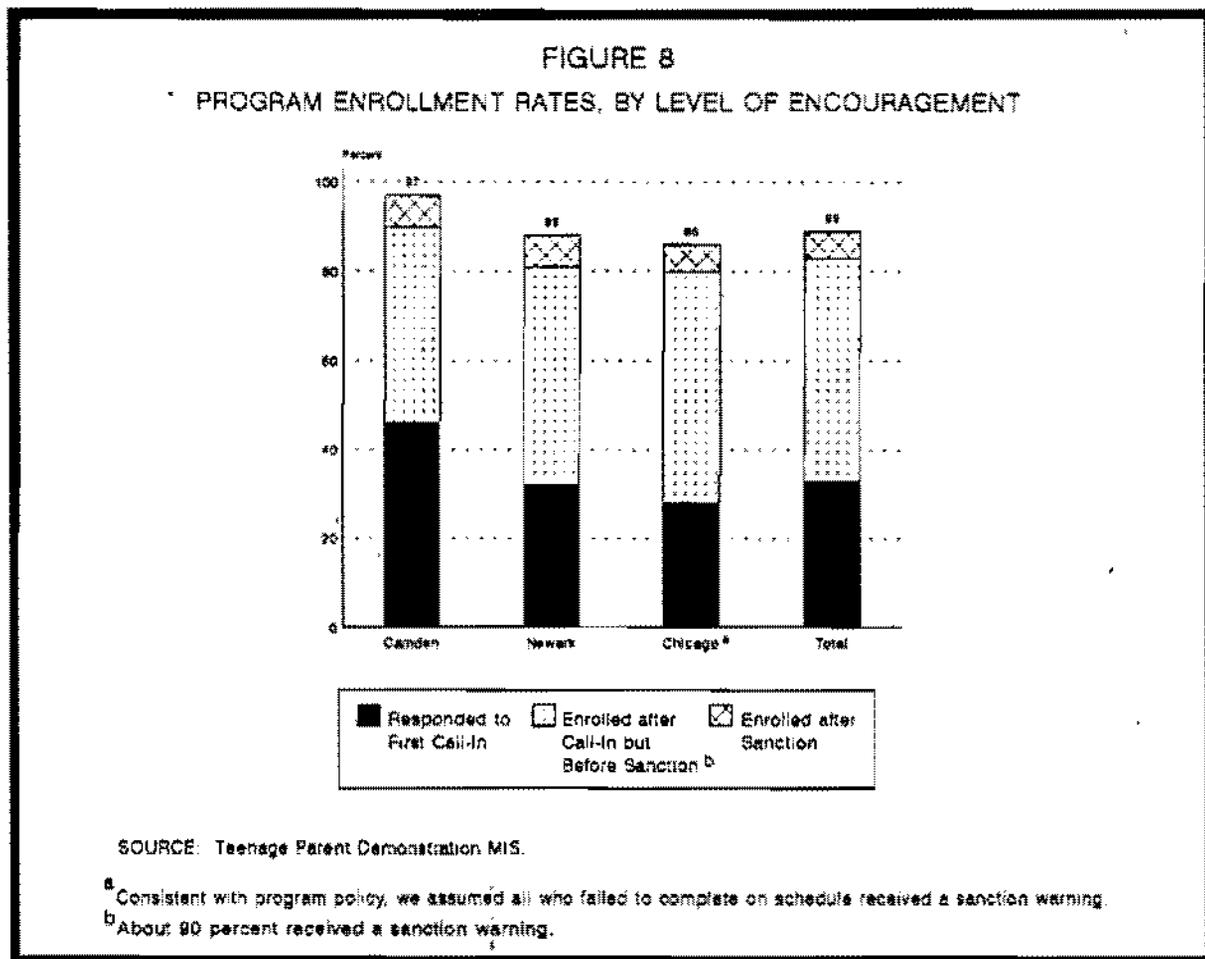
THE ROLE OF MANDATORY PARTICIPATION REQUIREMENTS

The mandatory participation requirement compelled many of the teenage parents to get involved in the program and also to maintain their participation:

The first time they sent me a letter, I looked at it and threw it away. The second time, I looked at it and threw it away again. And then they cut my check and I said, "Uh, oh, I'd better go." I was like, "Oh my goodness, these people really mean business. And I'd better go down there and see what this is all about."

At first I didn't go. They used to send me letters and call me. I still wouldn't go. And then they sent this man [a case manager] out to my house. And I was like, I'll go and see what it was about. Then the first time I went I didn't like it because they would ask me little personal questions. Then after I did that I never came back and they came out to my house again and called, "Could you please come to the program." And I finally went, and then after I went I liked it then. I really liked it then.

The sanction policy was especially helpful in gaining initial cooperation with participation requirements. As noted above, through persistence on the part of program staff in following up with newly welfare-dependent teenage parents, 89 percent completed intake.⁹ However, nearly two-thirds of the young mothers responded only after the threat of a sanction (see Figure 8).

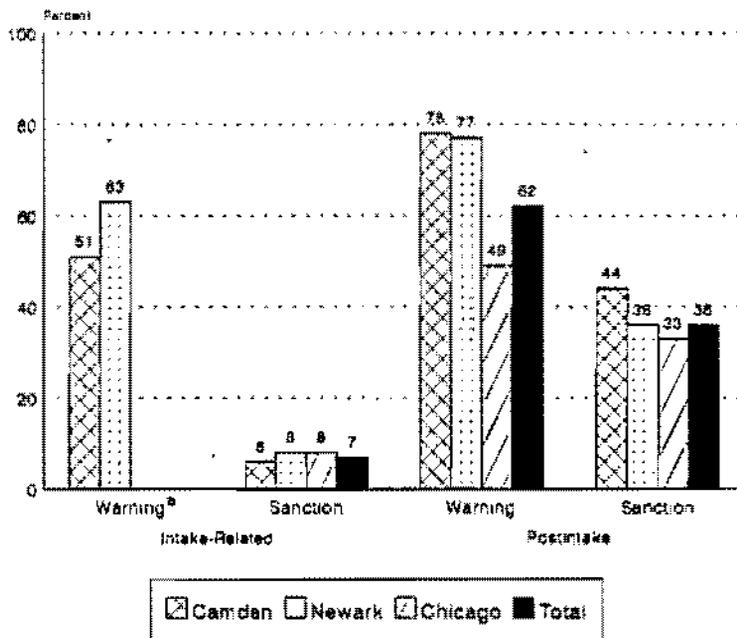


⁹Nearly two-thirds of those not completing intake left welfare within three months after being identified as eligible for the program. More than 80 percent had left within a year, and 92 percent had left AFDC during the four years after referral to the program. Sanctions and sanction warnings were very important in promoting the high enrollment rates. However, they played a minor role in moving the no-shows off of welfare altogether. Only about half of the no-shows received a sanction (30 percent) or warning of a sanction (20 percent) and the other half were identified as temporarily ineligible at intake.

Overall, 62 percent of those who completed intake were warned of possible sanction because they failed to fulfill participation requirements for ongoing programs. More than one-third had their grants reduced one or more times for failure to comply with ongoing requirements (see Figure 9). However, the young mothers rarely blamed the program for their sanctions:

I was supposed to report to this school. First I started going but then I stopped, so if you stop, automatically you already know that your check is going to be reduced. So it was nobody's fault but mine.

FIGURE 9
SANCTION RATES



SOURCE: Teenage Parent Demonstration MIS.

^a The Chicago program did not maintain data on intake-related sanction notices.

PROGRAM IMPACTS

Results of an extensive impact analysis, based on two to four years of follow-up with sample members, demonstrated both the feasibility and potential benefits of implementing mandatory programs to promote self-sufficiency among welfare-dependent teenage parents (see also Maynard, Nicholson, and Rangarajan 1993).¹⁰ The prospects for these young mothers are not promising in the absence of some form of intervention, judging by the experiences of those in the regular-services group. Two years after starting to receive welfare for themselves and their first child, 75 to 80 percent would still be on welfare; 80 to 90 percent would still be living in poverty; more than half would have another child; only 10 to 25 percent would have a job; fewer than 10 percent would be living with a spouse or a male partner; and only one-fourth would have regular contact with their children's fathers. Poverty rates will exceed 90 for those who have not managed to get jobs (see Figure 10).

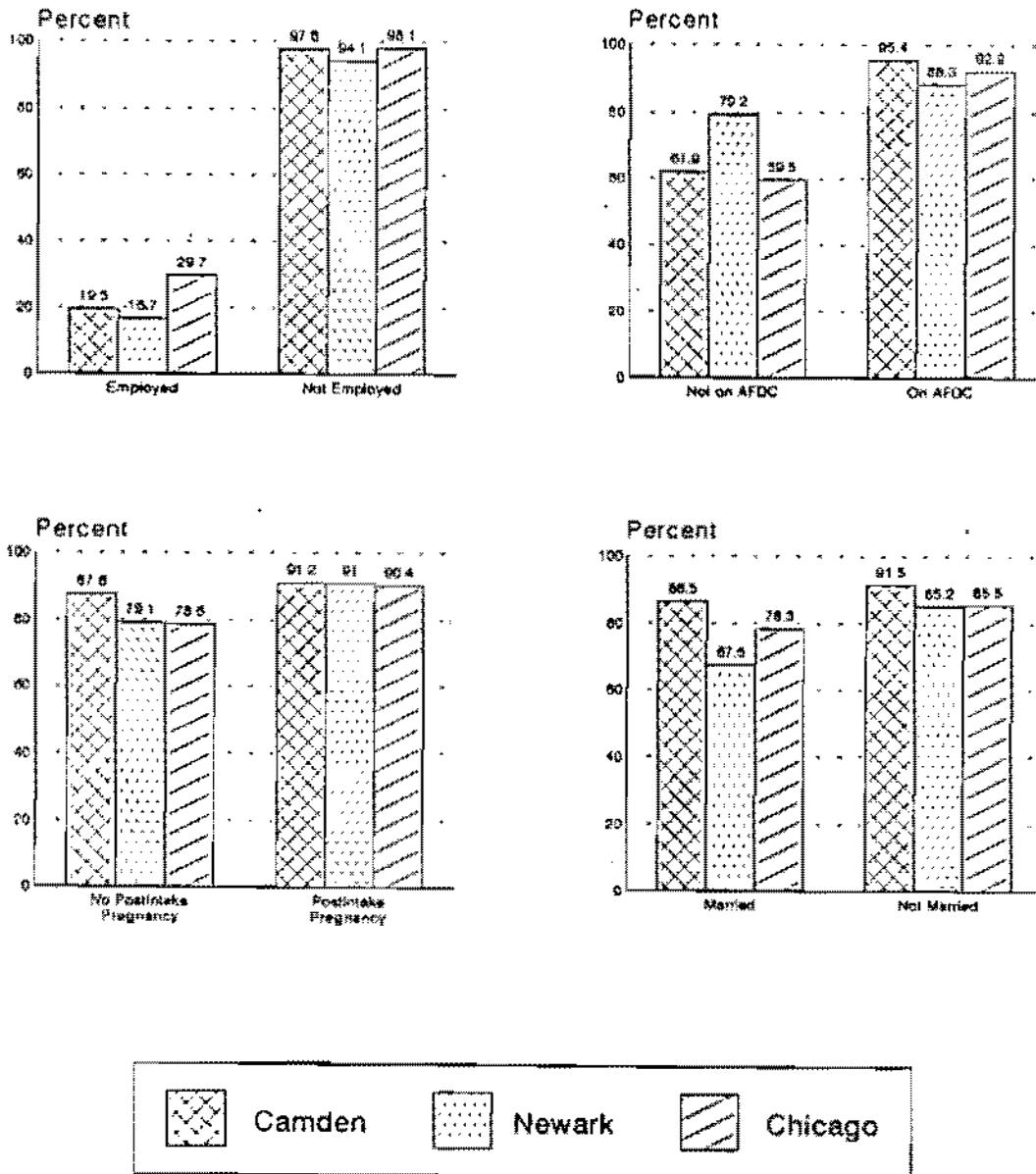
The benefits of participation in the demonstration programs included increased rates of school attendance, job training, and employment--outcomes that also affected the child care used by these young mothers. Program-induced increases in employment were accompanied by earnings gains which, in combination with program sanctions, resulted in lower rates of dependence on public assistance. However, there was little or no measurable change in economic welfare, except for those who became employed. The hoped-for improvements in social and demographic outcomes generally have not been observed to date.

PROGRAM-INDUCED INCREASES IN ACTIVITY LEVELS

Overall levels of participation in school, job training, or employment over the two years following intake were substantially higher than they would have been in the absence of the programs and the supportive services they offered (Table 4). Only two-thirds of those receiving regular AFDC services were in school, job training, or a job during the two years after sample enrollment, but nearly 80 percent of the enhanced-services group members were active. The net result was a 12 percentage point (19 percent) increase in participation levels. All three programs were most effective in increasing school enrollment levels--resulting in estimated increases of 12 percentage points, from 29 to 41 percent. Program-induced increases in the likelihood of receiving job training or having a job over the two years following intake were substantially smaller (4 and 5 percentage points, respectively). Over the follow-up period, 43 percent of those receiving regular services and 49 percent of those in the demonstration programs had some employment. And, 23 percent of those receiving regular services and 27 percent of those in the demonstration programs had some type of job training.

¹⁰Efforts are currently under way to conduct another round of follow-up data collection through interviews with sample members, assessments of their children, and administrative records. Impact estimates based on this longer-term follow-up of the sample are expected to be available in 1996.

FIGURE 10
POVERTY RATES AT FOLLOW-UP,
BY EMPLOYMENT, AFDC, AND FAMILY STATUS
 (Regular-Services Group Members)



SOURCE: Teenage Parent Demonstration follow-up surveys administered an average of 28 months after sample intake.

The impact of the programs on overall activity rates, school enrollment, and employment emerged very early after intake and persisted throughout the 24 months after enrollment (see Figure 11). During any month, between one-fourth and one-third of the enhanced-services group (including those still receiving AFDC and those who had left AFDC) were in school, job training, or employed, compared with 19 to 29 percent of those in the regular-services group.

The net result is that the enhanced-services group members spent a much higher proportion of their time in school, job training, or employment than did those offered only regular services. For example, over the 24 months following intake, those in the regular-services group were active 27 percent of the time, while those in the enhanced-services group were active 35 percent of the time--a 28 percent increase (see Table 4).

TABLE 4
PROGRAM IMPACTS ON ACTIVITY LEVELS AND CHOICES
(Two Years after Intake)

	Site			Total
	Camden	Newark	Chicago	
Regular-Services Group Mean				
Percent in School, Job Training, or Employment	56.5	62.3	72.6	66.4
Percent of Months Active	22.3	23.7	31.5	27.5
Percent in School	47.1	31.0	16.1	29.3
Percent in Job Training	17.3	25.7	23.6	22.6
Percent Employed	43.5	39.0	54.5	43.1
Percent in Job Club	6.0	4.2	7.9	6.7
Estimated Impacts on Activity Levels				
Percent in School, Job Training, or Employment	19.6 **	9.3 **	9.9 **	12.4 **
Percent of Months Active	11.2 **	7.1 **	6.1 **	7.7 **
Percent in School	20.0 **	11.9 **	8.1 **	12.3 **
Percent in Job Training	6.4 **	2.6	3.8 *	4.2 **
Percent Employed	6.5 *	0.0	7.0 **	5.1 **
Percent in Job Club	25.9 **	9.4 **	19.5 **	18.2 **
Estimated Impacts as a Percent of the Regular-Services Group Mean				
Percent in School, Job Training, or Employment	34.7 **	11.7 **	13.6 **	18.7 **
Percent of Months Active	50.2 **	30.0 **	19.4 **	28.0 **
Percent in School	76.9 **	46.9 **	25.1 **	42.0 **
Percent in Job Training	37.0 **	10.1	16.1 *	18.6 **
Percent Employed	17.6 *	0.0	14.7 **	11.8 **
Percent in Job Club	431.7 **	176.2 **	246.8 **	273.7 **

SOURCE: Follow-up surveys conducted an average of 28 months after intake.

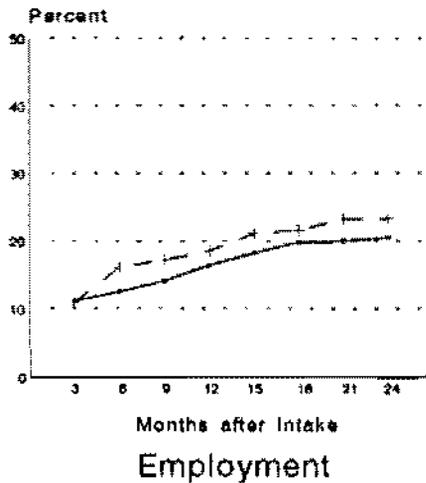
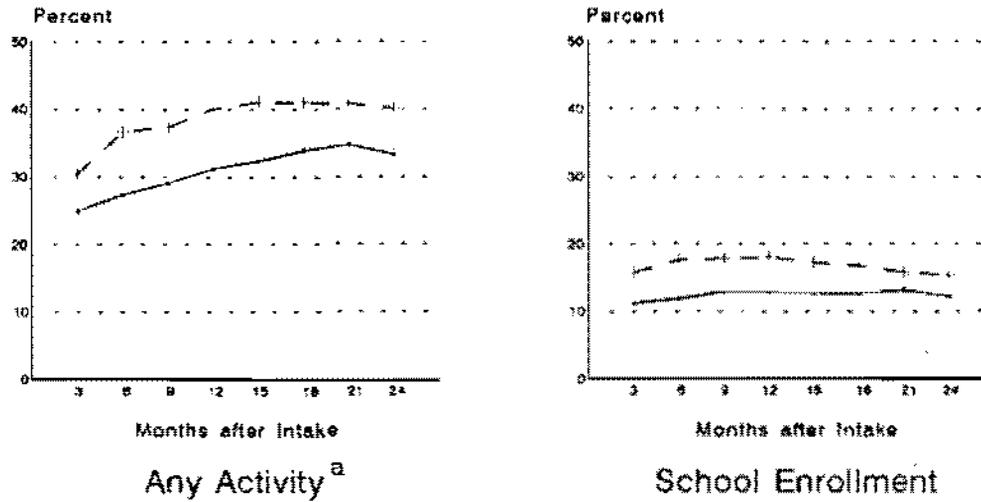
NOTE: Estimates are regression adjusted using data pooled across the sites. Means and standard deviations of the outcome measures as well as significance levels of the impact estimates are presented in Appendix A.

* Statistically significant at the 10 percent level, two-tailed test.

** Statistically significant at the 5 percent level, two-tailed test.

FIGURE 11

OUT-OF-HOME ACTIVITY, BY MONTHS AFTER INTAKE
(Any Activity, School, or Work)



— + — Enhanced-Services Group —•— Regular-Services Group

SOURCE: Teenage Parent Demonstration follow-up surveys administered an average of 28 months after sample intake.

NOTE: Estimates are regression adjusted using data pooled across the sites. See Appendix Table B.1 for data plotted in these figures and for significance levels of the differences between the regular- and enhanced-services groups.

^a Includes school, work, or job training.

All three programs, but especially Camden and Chicago, promoted active participation in job clubs, which were infrequently used by the regular-services group (4 to 8 percent) (see Table 4). In Camden and Chicago, where we observed the significant employment gains, substantial fractions (32 and 27 percent, respectively) of the enhanced-services group participated in clubs. In contrast, in Newark, where we observed no employment impacts, only about 14 percent of the participants reported participating in a job club. Moreover, the job club in Newark tended to have a weaker job development component than did those in Camden and Chicago, which could have contributed to the lack of significant employment gains. However, it is notable that the enhanced-services group did not have higher rates of job search in any site (not shown).

Of those who were active in school, job training, or employment, the vast majority were in school or working. Moreover, the impact on overall activity rates resulted from the programs' success in promoting school attendance by some and employment by others (see Figure 12). Although there were small positive impacts on job training throughout the follow-up period, only the cumulative impact on the percent receiving job training was statistically significant.

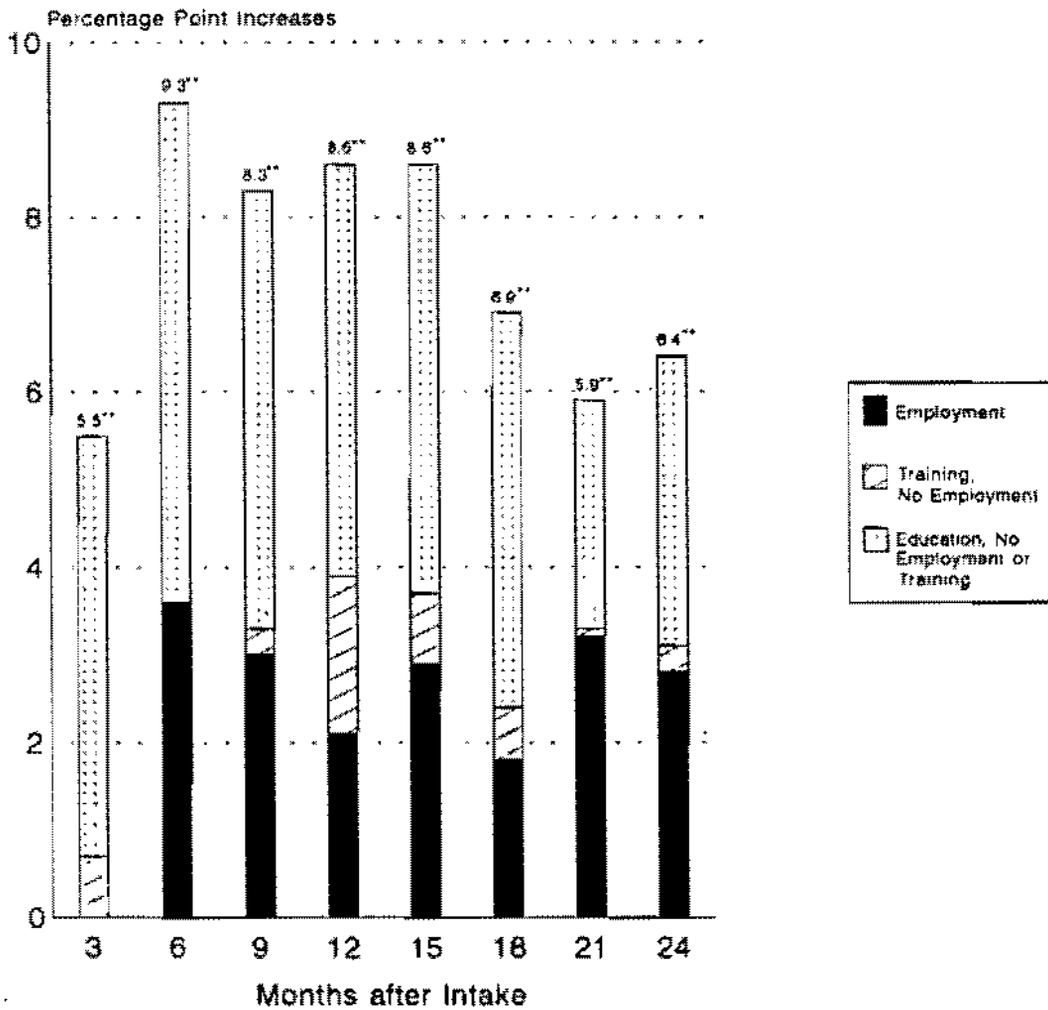
Variation Across Sites

Impacts were especially large for those in the Camden program, where the proportion of time the enhanced-services group members spent in school, job training, or a job increased by 50 percent, from 22 to 33 percent of the months (see Table 4). The majority of this increase was due to program-related increases in school attendance rates, from 47 to 67 percent. However, the proportion of the young mothers in Camden who were in job training or employed also increased significantly as a result of the program; the percent in job training increased from 17 to 24 and the percent employed increased from 43 to 50. The Newark and Chicago participants increased their active time by substantially smaller, although still sizable amounts--30 and 19 percent, respectively, in both cases resulting in just over half of the enhanced-services group having some major activity. The increase for the Newark sample was almost entirely the result of school attendance, while the increase for the Chicago sample resulted from increases in all three activities.

Patterns of Impacts Among Sample Subgroups

On the one hand, the programs tended to increase school attendance most among younger mothers, those with low basic skills, and those who had not graduated from high school--characteristics that parallel the JOBS-mandatory participation requirements (see Figure 13). For example, the program induced 15 to 20 percentage point increases in school attendance among these groups, compared with an overall average increase of only 12 percentage points. The JOBS-mandatory youth, those with low basic skills, and Hispanics doubled their school enrollment rate from about 20 to about 40 percent.

FIGURE 12
PROGRAM IMPACTS ON ACTIVITY RATES



Control Group Means (Percents)

Months	3	6	9	12	15	18	21	24
Any activity	25	27	29	31	32	34	35	34
Employment	11	12	14	16	16	20	20	21
Training	4	6	5	5	4	5	5	4
Education	9	9	10	10	10	9	10	9

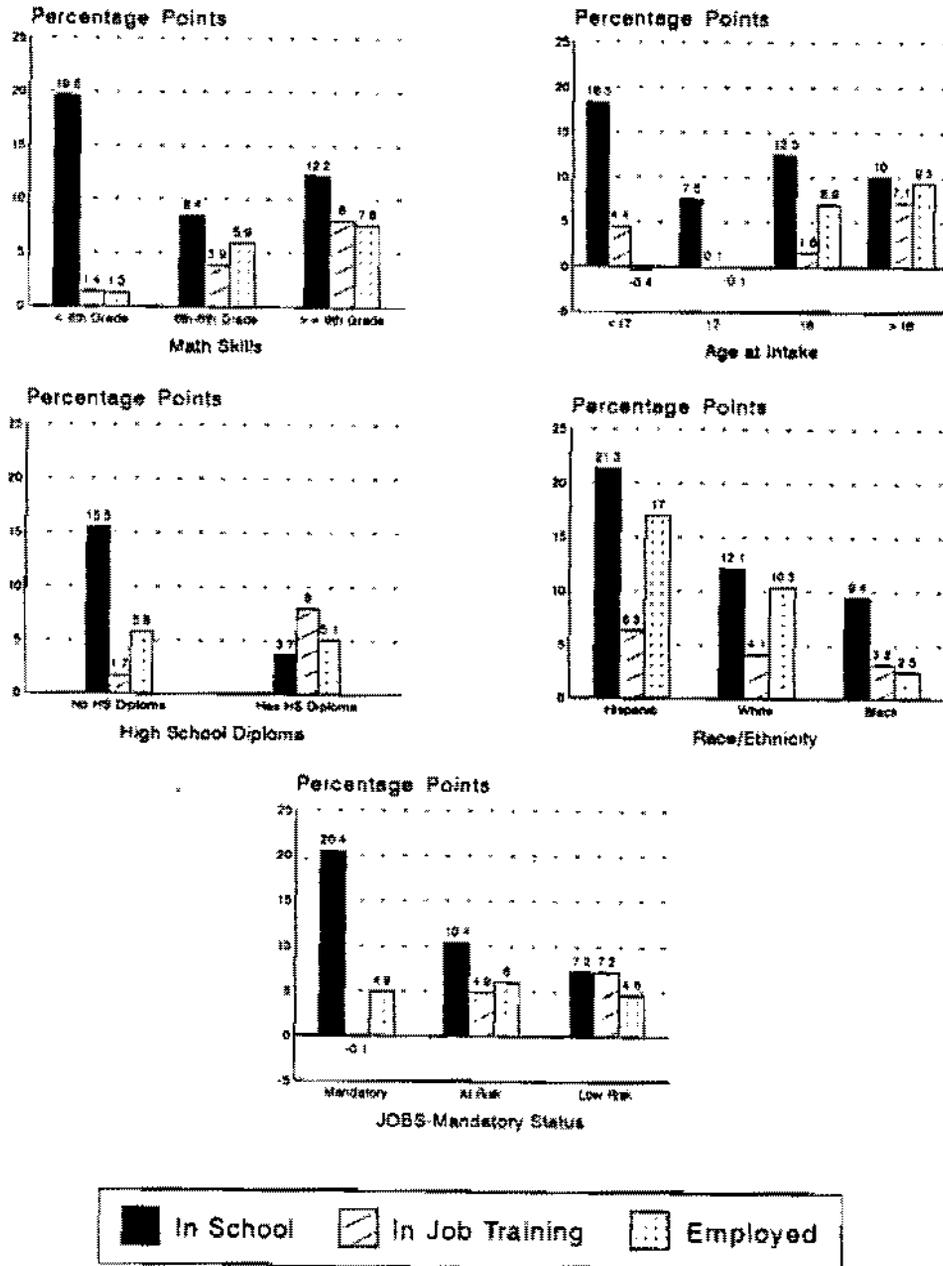
SOURCE: Teenage Parent Demonstration follow-up surveys administered an average of 28 months after sample intake.

NOTE: Estimated impacts are regression adjusted using data pooled across all sites.

* Statistically significant at the 10 percent level, two-tailed test.

** Statistically significant at the 5 percent level, two-tailed test.

FIGURE 13
PROGRAM IMPACTS ON ACTIVITIES, BY SUBGROUP
 (Two Years after Intake)



SOURCE: Teenage Parent Demonstration follow-up surveys administered an average of 28 months after sample intake.

NOTE: Estimated impacts are regression adjusted using data pooled across the sites.

On the other hand, impacts on job training and employment were especially large for those with higher basic skills and for older youth. Significant training impacts were seen primarily among those who had completed high school--reflecting very limited access to training for those with no high school diploma. Those with higher than ninth-grade math skills and those age 19 or older, for example, increased their rates of job training by 7 and 8 percentage points (30 percent) and increased their rates of employment by 8 and 9 percentage points (12 and 20 percent), respectively. In contrast to the results for both schooling and job training, employment impacts for high school graduates differed little from those of other young mothers.

This pattern of results points to the importance of flexibility in service plans and case management strategies to the programs' overall success. Had the demonstration programs prescribed a particular sequence of activities or emphasized primarily basic skills programs *or* employment, the overall impacts on activity rates likely would have been much smaller.

It is also notable that impacts on all three activities were largest for Hispanics. Compared with those in the regular-services group, Hispanics in the enhanced-services group were 55 percent more likely to engage in a major activity (74 versus 49 percent), twice as likely to attend school (42 versus 21 percent), 37 percent more likely to have job training (23 versus 17 percent), and 68 percent more likely to have a job (42 versus 25 percent). These strong results for Hispanics can be only partially attributed to the stronger effects of the Camden program, which enrolled a disproportionate share of Hispanics: in all sites, impacts on these outcomes generally were substantially larger than average among this group.

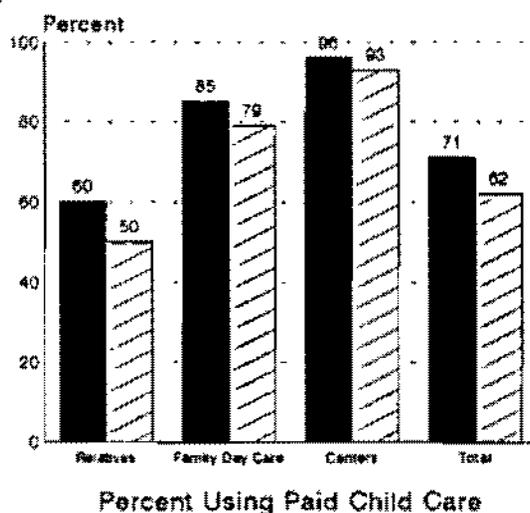
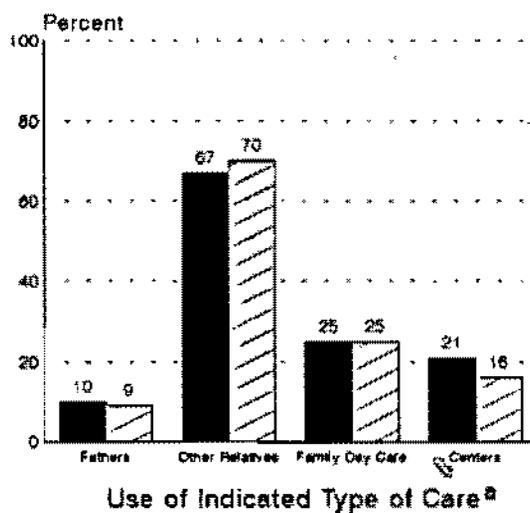
PROGRAM IMPACTS ON CHILD CARE SERVICES

The increased activity levels among the young mothers in the enhanced-services group were accompanied by a related increase in reliance on others to provide child care. During the two years after intake, more than two-thirds of the enhanced-services group members used some form of child care, compared with just over half of the regular-services group. Among those using child care, the program participants were somewhat more likely than other mothers to use center-based care (21 versus 16 percent) and less likely to use relative care (Figure 14). They were also more likely to pay for their care rather than use free care (71 versus 62 percent). Both regular- and enhanced-services group members who used paid care were charged relatively modest fees of about \$1 an hour on average (Schochet and Kisker 1992; and Kisker, Silverberg, and Maynard 1990).

Overall, about one-third of the young mothers used agency-funded child care. Still, it is notable that, despite the fact that the programs provided subsidies for all types of care, nearly 30 percent of those using child care paid nothing for it, in large part because of heavy reliance on care by unpaid relatives.

FIGURE 14

CHILD CARE USE AND FEES BY THOSE IN SCHOOL,
IN JOB TRAINING, OR EMPLOYED



Enhanced-Services Group
 Regular-Services Group

SOURCE: Teenage Parent Demonstration follow-up surveys administered an average of 28 months after sample intake.

^a Numbers total more than 100 because some sample members used multiple forms of care.

Despite heavier demands for child care necessitated by program-induced increases in school enrollment, job training, and/or employment, the young mothers in the enhanced-services group substantially reduced their perceptions of child care as a barrier (not shown). This was especially true in Camden, where the program had a full-time staff person responsible for helping the young mothers meet their child care needs. However, in both Camden and Chicago, those in the enhanced-services group who were not in school, job training, or a job were less likely than their control group counterparts to cite child care as a reason they were not actively pursuing employment (17 versus 32 percent in Camden and 19 versus 25 percent in Chicago).

PROGRAM IMPACTS ON INCOME SOURCES AND ECONOMIC STATUS

The demonstration programs altered the income sources of these young mothers somewhat. As noted in the previous section, significantly more of the enhanced-services group received income from employment than did their regular-services group counterparts--differences that resulted in an average of \$23 a month more in income from employment, most of which is due to the 5 percentage point increase in the employment rate among the enhanced-services group (Table 5). These earnings gains contributed to significantly lower participation rates in the food stamp program but not lower average food stamp benefits. They also led to lower AFDC benefit amounts but not lower AFDC participation rates. Child support payments were relatively low (an average of only \$23 per month) and similar between the regular- and enhanced-services groups (Table 5).

In all sites, there was a small but overall statistically significant reduction in the percent of months those in the enhanced-services group received food stamps--67 percent of the months versus 70 percent among those in the regular-services group. However, the average benefit amount did not differ between the two groups. Both groups experienced an increase over time in their benefit amounts, from an average of about \$120 a month at intake to around \$160 a month by the time of the follow-up survey--a trend attributable largely to increases in family size.

In both the enhanced- and regular-services groups, the young mothers received AFDC in 79 to 85 percent of the months (Table 5). However, the average benefit amounts were \$19 less among the enhanced-services group than among their regular-services group counterparts (\$252 versus \$261 per month).

TABLE 5

PROGRAM IMPACTS ON INCOME, BY SOURCE

	Site			
	Cimden	Newark	Chicago	Total
Regular-Services Group Mean				
Average Monthly Earnings ^a	\$88	\$101	\$131	\$114
Average Monthly AFDC Benefits ^a	\$291	\$320	\$219	\$261
Percent of Months Receiving AFDC ^a	79.8	85.5	79.2	80.9
Average Monthly Food Stamp Benefits ^a	\$129	\$133	\$124	\$127
Percent of Months Receiving Food Stamps ^a	77.0	71.5	66.5	70.2
Monthly Child Support ^b	\$18	\$28	\$24	\$23
Percent with Income Below the Poverty Level ^b	91.3	83.4	84.8	86.2
Estimated Impacts				
Average Monthly Earnings ^a	\$21	\$22	\$24 **	\$23 **
Average Monthly AFDC Benefits ^a	\$-22 **	\$-24 **	\$-15 *	\$-19 **
Percent of Months Receiving AFDC ^a	-1.7	-1.1	-3.7 **	-2.6
Average Monthly Food Stamp Benefits ^a	\$2	\$-3	\$-2	\$-2
Percent of Months Receiving Food Stamps ^a	-2.1	-3.7 **	-2.3 **	-2.5 **
Monthly Child Support ^b	\$6	\$-4	\$-6	\$-3
Percent with Income Below the Poverty Level ^b	-5.2 **	2.6	-1.2	-1.3
Estimated Impacts as a Percent of the Regular-Services Group Mean				
Average Monthly Earnings ^a	24.1	21.5	18.6 **	20.0 **
Average Monthly AFDC Benefits ^a	-7.6 **	-7.5	-6.8 *	-7.3 **
Percent of Months Receiving AFDC ^a	-2.1	-1.3	-4.7 **	-3.2
Average Monthly Food Stamp Benefits ^a	1.6	-2.3	-1.6	-1.6
Percent of Months Receiving Food Stamps ^a	-2.7	-5.2 **	-3.5 **	-3.6 **
Monthly Child Support ^b	33.0	-14.3	-25.0	-13.0
Percent with Income Below the Poverty Level ^b	-5.7 **	3.1	-1.4	-1.5

SOURCE: Earnings, AFDC, and food stamp data are from administrative data. All other outcomes are based on follow-up surveys conducted an average of 28 months after intake.

NOTE: Estimates are regression adjusted using data pooled across the sites. Means and standard deviations of the outcome measures as well as significance levels of the impact estimates are presented in Appendix A.

^aMonths 1 through 24.

^bAt follow-up. Includes formal and informal child support.

* Statistically significant at the 10 percent level, two-tailed test.

** Statistically significant at the 5 percent level, two-tailed test.

Interactions Among Income Sources

Earnings, AFDC income, and food stamp benefits are interrelated. Given the low wages these young mothers generally can earn and the interactions among earnings and various public assistance programs, we expect few to earn their way off welfare and even fewer to escape poverty. Typically, during the first four months of employment, the program-induced earnings would result in reductions in AFDC benefits by about two-thirds of the earnings gain and reduce food stamps by a smaller fraction of the net earnings gains; after four months, welfare benefits would be reduced dollar for dollar of earnings. Under these demonstration programs, there also were sizable reductions in AFDC because of sanctioning for noncompliance with the participation requirements. The net result is that earnings gains tended to be fully offset by lower public assistance benefits.

Reductions in welfare benefits were largest in the New Jersey sites, and attributable to both earnings gains and sanctions. For example, in Camden, there was only a 2 percent reduction in the receipt of AFDC among the enhanced-services group relative to their regular-services group counterparts. However, those in the enhanced-services group who continued to receive benefits received an average of \$40 a month less in benefits than did the regular-services group recipients, in large part because of the significant degree of sanctioning in that site. The net result was that, on average, the earnings gains of the enhanced-services group members in Camden were totally offset by reductions in AFDC benefits. The results in Newark paralleled those in Camden, except that nearly all of the program-induced benefit reduction among the enhanced-services group was attributable to a sizable decrease in the average benefit level among those who continued to receive benefits (\$350 versus \$374 a month--not shown). Compared with Camden, a larger portion of the reduction in benefits in Chicago was attributable to reductions in AFDC participation (75 versus 79 percent of the months) and relatively little of the program-induced benefit levels was due to sanctions. Moreover, average benefit amounts were similar for recipients in the enhanced- and regular-services groups in Chicago (\$272 versus \$276 per month--not shown).

As noted earlier, those in the enhanced-services group were significantly less likely than those in the regular-services group to receive food stamps. Yet, average food stamp benefit amounts were comparable for both groups. This pattern of results reflects, in part, the fact that food stamps have much higher income eligibility thresholds than AFDC and, in part, the fact that AFDC generally is included in countable income for food stamp benefit calculations. Under demonstration regulations, food stamp benefits were not supposed to increase to offset reductions in AFDC benefits associated with a sanction; however, in some cases, this did happen.

Impacts over Time and Among Sample Subgroups

Program-induced impacts on AFDC began to emerge during the second quarter after program enrollment, as participants finished their workshops and some moved into employment (Figure 15). Moreover, the impacts persisted throughout the two-year follow-up period, although they were strongest during months 6 through 15.

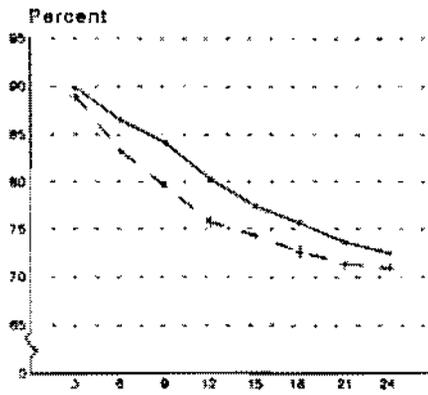
Not surprisingly, program-induced reductions in AFDC benefits for sample subgroups tended to parallel their employment impacts--they were largest among those with higher basic skills (a 4.5 percentage point reduction), and among Hispanics and older youth (a 5 percentage point reduction). However, impacts on benefit amounts were significant among most sample subgroups, which reflects the combined effects of sanctions and earnings on benefit reductions, particularly in Camden and Newark. For example, estimated earnings gains of just over \$20 a month among the enhanced-services groups in Camden and Newark--which are not statistically significant--are only slightly smaller than the estimated welfare benefit reductions of \$28 a month. In Chicago, on the other hand, the welfare benefit reductions were consistent with benefit adjustments resulting from the average reported earnings gains; on average only 62 percent of the earnings gains among the Chicago enhanced-services group were offset by lower AFDC payments--a result consistent with the relatively infrequent use of sanctions in Chicago.

Impacts on Poverty Status

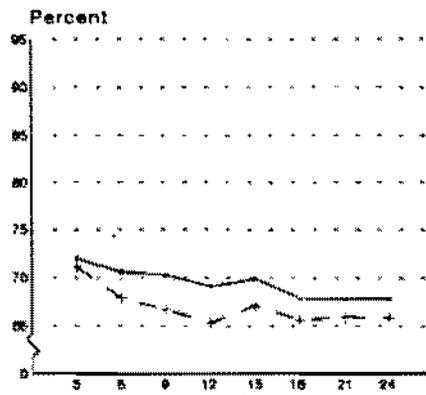
Regardless of whether or not young mothers participated in the demonstration programs, the vast majority of them were living in poverty at the time of follow-up surveys (see Figure 16). Only those who got a job were able to escape poverty in large numbers. For example, for those who were employed, the poverty rate was only 21 percent among those in the enhanced-services group and 25 percent among those in the regular-services group. In contrast, more than 95 percent of those not employed had incomes below the poverty level, and more than three-fourths had incomes that were less than 75 percent of the poverty level.

Two factors can explain the lack of program impacts on poverty status. First, earnings of sample members were low and, except in Chicago, the program did not produce statistically significant earnings increases. Second, these young mothers were not successful in escaping poverty through other avenues such as marriage (see further discussion below). Although employment is really their only means to escape poverty, fewer than half found jobs, let alone well-paying ones. The average hourly wage of those who found jobs was just over \$5 an hour, which is not sufficient to alter disposable incomes of single parents significantly (Ellwood 1988).

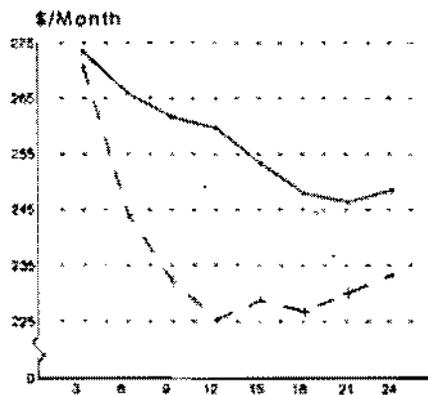
FIGURE 15
AFDC AND FOOD STAMP RECEIPT,
BY MONTHS AFTER INTAKE



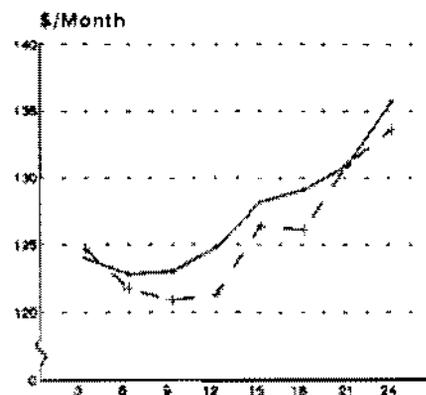
Months after intake
AFDC Receipt



Months after intake
Food Stamp Receipt



Months after intake
AFDC Benefits



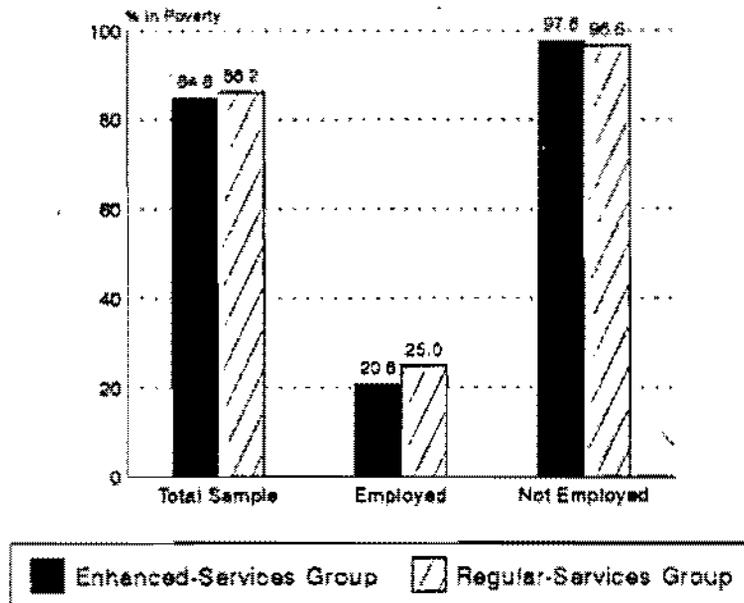
Months after intake
Food Stamp Benefits

— + — Enhanced-Services Group —■— Regular-Services Group

SOURCE: State welfare administrative records.

NOTE: Estimates are regression adjusted using data pooled across the sites. See Appendix Table B.2 for the data plotted in these figures and for significance levels of differences between the regular- and enhanced-services groups.

FIGURE 16
POVERTY RATES AT FOLLOW-UP



SOURCE: Teenage Parent Demonstration follow-up surveys administered an average of 26 months after sample intake.

NOTE: Incomes in the survey month are expressed as a percent of the federal poverty guidelines.

SOCIAL AND DEMOGRAPHIC IMPACTS

The programs produced few significant impacts on social and demographic outcomes. Moreover, there was no consistent pattern across sites in the few estimated changes that were observed (see Table 6). Those areas where there were notable results pertain to living arrangements, child support, and pregnancies and births.

Living Arrangements

We observed some slight shifts in the living arrangements of the young mothers in the enhanced-services group in both Camden and Chicago, but not in Newark. In Camden, we observed a program-induced shift in the proportion of the young mothers who were living with a potentially supportive adult—a parent, grandparent, spouse, or male partner—(52 versus 47 percent), a small but not significant portion of which is attributable to living with a spouse or male partner (9 versus 7 percent). In Chicago, those in the enhanced-services group were significantly more likely than their regular-services group counterpart to live with a spouse or male partner (12 versus 10

percent). However, there was no overall change in the proportion of young mothers living with potentially supportive adults. In Newark, just less than half of the young mothers in both groups lived with potentially supportive adults and 6 to 9 percent lived with a spouse or male partner.

Child Support

In both Newark and Chicago, those in the enhanced-services group were significantly more likely than their control group counterparts to have established paternity for their children. These increases were 5 and 4 percentage points (10 and 11 percent) for the full Newark and Chicago samples, respectively, and substantially larger among those enrolled in the program later in time, when the child support service components were stronger. For example, there was no program impact for those enrolled during the first program year (50 percent of both groups had paternity established by the time of the follow-up survey); there was a 4 percentage point increase in paternity establishment for those enrolled in the second year (39 to 43 percent); and there was a 6 percentage point increase among those enrolled after June 1989 (45 to 51 percent). We observed no program-induced change in the incidence of paternity establishment in Camden, where the child support agency was already serving a much higher fraction of the teenage parent population than the agencies in either Newark or Chicago (63 percent versus 50 and 38 percent in Newark and Chicago, respectively).

The higher rates of paternity establishment in Newark and Chicago were not accompanied by significantly higher levels of child support (see Table 6). However, the Camden program did lead to higher levels of financial and social support from the noncustodial fathers. At the time of the follow-up survey, the enhanced-services group members in Camden were nearly 30 percent more likely than their regular-services group counterparts to receive financial support from their children's fathers and to have regular contact with them. However, on average, they received only about \$6 a month more in support payments (see Table 5) and \$23 a month total assistance (not shown).

Incidence of Repeat Pregnancies and Subsequent Births

The program had an unusual and disappointing pattern of impacts on pregnancy and birth rates. The majority of the young mothers in the study sample became pregnant again during the follow-up period, and between 60 and 70 percent had one or more additional child (see Table 6). There was an average of one repeat pregnancy per sample member and 60 births for each 100 pregnancies. These outcomes occurred despite the claims by the young mothers that they wanted to postpone more children until they were financially secure and more settled, and the substantial efforts of the programs to empower these young mothers to take control of their fertility (see Maynard and Rangarajan 1993).

TABLE 6
PROGRAM IMPACTS ON SOCIAL AND DEMOGRAPHIC OUTCOMES

	Site			Total
	Camden	Newark	Chicago	
Regular-Services Group Mean				
Percent Living with Supportive Adult	47.2	48.9	51.6	50.0
Percent Living with Spouse or Male Partner	7.3	8.8	9.6	8.8
Percent with Paternity Established	62.5	50.5	37.5	46.2
Percent Receiving Regular Financial Support from Child's Father	11.1	10.8	7.9	10.0
Percent in Regular Contact with Child's Father	23.0	29.0	26.3	26.1
Number of Repeat Pregnancies	1.0	0.9	1.0	1.0
Number of New Births	0.6	0.4	0.7	0.6
Estimated Impacts				
Percent Living with Supportive Adult	5.0 *	-2.3	1.6	1.5
Percent Living with Spouse or Male Partner	2.1	-2.8	2.6 *	1.1
Percent with Paternity Established	0.5	5.2 *	4.2 **	3.6 **
Percent Receiving Regular Financial Support from Child's Father	3.6 *	-2.5 *	-1.6	-0.7
Percent in Regular Contact with Child's Father	6.8 **	0.9	-0.5	1.8
Number of Repeat Pregnancies	-0.08	0.05	0.04	0.01
Number of New Births	-0.03	0.03	0.07 **	0.04 *
Estimated Impacts as a Percent of the Regular-Services Group Mean				
Percent Living with Supportive Adult	10.6 *	-4.7	3.1	3.0
Percent Living with Spouse or Male Partner	28.8	-31.8	27.1 *	12.5
Percent with Paternity Established	0.8	10.3 *	11.2 **	7.8 **
Percent Receiving Regular Financial Support from Child's Father	32.4 *	-23.2 *	-20.3	-7.0
Percent in Regular Contact with Child's Father	29.6 **	3.1	-1.9	6.9
Number of Repeat Pregnancies	-8.2	5.8	4.0	1.0
Number of New Births	-4.8	6.8	10.0 **	6.6 *

SOURCE: Follow-up surveys conducted an average of 28 months after intake.

NOTE: Estimates are regression adjusted using data pooled across the sites. Means and standard deviations of outcome measures and significance levels of impact estimates are presented in Appendix A.

* Statistically significant at the 10 percent level, two-tailed test.

** Statistically significant at the 5 percent level, two-tailed test.

With one exception, there were no statistically significant differences in the pregnancy or birth rates between those in the enhanced- and regular-services groups. Although young mothers in the enhanced-services group in Camden were somewhat less likely than their control group counterparts to report subsequent pregnancies and births, the opposite was true in Newark and Chicago. Moreover, only the higher birth rates among the enhanced-services group in Chicago were statistically significant; the enhanced-services group members in Chicago had a 10 percent higher birth rate than their comparison group counterparts (77 per 100 versus 70 per 100).

In all three sites, there was a tendency for the program to reduce pregnancy and birth rates among the younger participants and Hispanics--groups that were most prevalent in Camden. However, the pattern of subgroup differences is, at best, suggestive of why outcomes differed by site and were so weak overall. A partial explanation for the high incidence of repeat pregnancies and subsequent births was failure of a sizable proportion (17 percent) of the young mothers to use any contraceptive method. However, a more significant factor was the substantial reliance on contraceptive methods with relatively high failure rates--fewer than half of the young mothers used birth control pills--and ineffective use of contraceptive technologies, such as the reported failures of many who used the pill to take them regularly (Polit 1992).

PROGRAM DESIGN AND IMPLEMENTATION LESSONS

Implementing mandatory programs for welfare-dependent teenage parents presented major challenges not previously attempted in the context of the AFDC program. Success depended on staff's acceptance of the notion that it was appropriate to target teenage parents for this type of intervention. It also depended on their accepting--or at least tolerating--the idea of requiring these young mothers to go to school, job training, or work (and imposing consequences on those who failed to accept this responsibility), even though complying with program requirements meant the mothers had to leave their babies in the care of another person for substantial blocks of time.

Programs had to recognize and address the special circumstances that prevented some young mothers from maintaining a full-time schedule of work or school. For some, special circumstances were episodic. Nonetheless, when they occurred, it was essential for the program to offer services designed to help the mothers conquer the barriers. Staff had to provide follow-up and use project resources for those in need, including those whose underlying reason for nonparticipation or noncooperation was not immediately evident. For example, a case manager took the initiative to visit the home of a young mother who repeatedly failed to show up for program classes and found that the participant and her partner had to sleep in shifts at night so that one of them could guard their baby's crib against rats at all times. The case manager helped the couple find better housing, and the young mother began attending program classes (Hershey and Maynard 1992).

Staff had to be trained to work creatively with the teenage mothers to address their special needs. The demonstration programs relied on staff composed in part of social workers but also of former income maintenance eligibility workers. Neither the income maintenance nor social work approaches typically used to serve adult populations would have elicited the desired response from many, if not most, of these teenage parents.

Four aspects of program implementation were especially challenging. Outreach and recruitment were difficult. Designing workshops appropriate to the needs of this group and promoting attendance were challenging. Case management, the cornerstone of the intervention, demanded strong training and oversight. Finally, developing appropriate school, job training, and employment options for this population was challenging.

ENROLLING TEENAGE MOTHERS IN THE PROGRAM

In contrast to many small-scale, voluntary programs for teenage parents, the intent of the Teenage Parent Demonstration--and the adolescent parent provisions of the Family Support Act--was to serve *all* teenage parents who met program criteria. In order to achieve this goal, programs must have a system of universal identification of eligible young mothers and they must develop outreach and follow-up procedures to promote high participation rates (Hershey 1991c).

A combination of manual and automated procedures is most likely to be required. For example, in neither New Jersey nor Illinois did computer records contain enough data to support definite identification of teenage parents eligible for the demonstration, so some manual review of computer listings was necessary in all three sites. The New Jersey programs successfully used predominantly manual procedures, and Chicago used predominantly automated procedures. Under the predominantly *manual procedures*, income maintenance workers identified eligible teenage parents at the time they approved a new application or added a child to an existing case. The completeness of this identification process was then routinely compared with lists of eligibles based on state/county data systems. Under the predominantly *automated procedures*, monthly listings were generated from the public assistance computer files of newly approved teenage applicants and case changes involving additions of children who appeared to be offspring of teenage minors. State or local program staff reviewed these lists to eliminate individuals who did not meet demonstration eligibility criteria and then prepared call-in letters.

Experience with both procedures led to three conclusions about the identification process: (1) early identification and referral are desirable; (2) identifying minor mothers requires attention to case detail and strong quality control; and (3) manual identification procedures provide an opportunity to motivate clients from the start.

Early Identification and Referral

Demonstration program staff agreed on the value of enrolling teenage parents in the program as early as possible after the birth of their children or, ideally, before--a conclusion that was echoed by the reactions of the young mothers to the programs. Early intervention maximizes the chances of helping new teenage parents who are still in school or have only recently left school to remain in or return to school, and it provides alternatives to those not prepared to return to school. It can also promote earlier and more consistent use of prenatal or perinatal care and early development of parenting skills.

Identifying Minor Mothers

The most complicated and error-prone aspect of identifying eligible teenage parents related to identifying teenage minor mothers in three-generation households. To ensure consistent identification of teenage parents, states will need explicit procedures for identifying the mother of all dependent children. In most cases, identification of teenagers heading their own cases will occur naturally at application approval or redetermination in a screening process of the sort commonly used for the JOBS program. Special attention must be paid, however, to identifying teenage parents included in their parents' AFDC cases. In three-generation households, public assistance files typically record the relationship of each individual to the *case payee*; standard relationship codes, thus, may not identify teenage minor parents or link them to their children. Special data fields are necessary to store this information. System

input edits can require entries to these fields for children who are not the case payee's and an indication of which other member of the case (if any) is the child's parent.

Promoting Participation from the Start

The Teenage Parent Demonstration showed that it is possible to achieve high rates of initial compliance with a mandatory program offering education and training, case management, and support services to teenage parents who receive AFDC. In addition to a policy of mandatory participation, other program practices can help to reduce obstacles to intake attendance. Initial attendance can be promoted through features such as the following:

- *Accommodating teenage parents' school schedules.* Especially for those still in school, it was important to schedule initial sessions in the late afternoon after school hours, reschedule missed appointments with consideration for current school schedules, and contact school officials to arrange attendance at the program to be treated as an excused absence.
- *Providing on-site child care.* Staff found it useful to have on-site child care arrangements for two reasons: instructing teenage parents *not* to bring their children to the initial session created a simple excuse for not attending, and some teenagers ignored such instruction in any event.
- *Notifying the teenage parent's mother.* For both legal and programmatic reasons, the demonstration programs sent two separate notices when the teenage parent was a dependent child in an AFDC case: one to the teenage parent, and one to the case head.

Ongoing participation also can be promoted by initial program contacts that capitalize on the strengths and address the problems and negative attitudes with which many arrive. The demonstration experience underscored the following important lessons regarding the initial contact:

- *Make initial meetings as informal and unbureaucratic as possible.* Although intake staff made it clear that program participation was mandatory, they tried to make this statement part of a broader message that participants could make something of their lives, and program staff were going to help them do so.
- *Use group meetings to break down isolation.* Many young mothers had been estranged from their friends and/or families since giving birth. Group meetings helped them ease back into social settings. These meetings also generally were an opportunity for the young

mothers to become more comfortable with the program staff, rules, and services.

- *Be clear about appointments for subsequent program activity.* Program staff should be clear about expectations and promote rapid involvement in the program.
- *Make immediate assignments to case managers.* If new participants are assigned and introduced to a case manager when they attend their first program session, there may be a better chance of getting them to view the program from the start as a source of help.

DESIGNING WORKSHOPS FOR TEENAGE PARENTS

Demonstration workshops served three purposes: (1) as a way for participants to acquire important *information*--about nutrition, drugs, family planning, workplace demands, parenting, child support, and other topics; (2) as *personal development* tools--integrating participants into the program; building motivation, interpersonal skills, and program acceptance; and dispelling fears about the program; and (3) as *assessment* opportunities--enabling program staff to assess participants' behavioral and cognitive strengths and weaknesses directly (Hershey 1991b).

Workshop Design Decisions

Program staff at the three demonstration sites generally agreed on the purposes of workshops, but the three sites adopted quite different approaches to integrating workshops into the sequence of program activities (Exhibit 2). These different approaches to integrating workshops in the overall program design differ in several respects--the length of initial workshops, the types of staff used to conduct the workshops, and the relative emphasis on initial and ongoing workshops.

Length of Workshops. The time devoted to initial workshops obviously affects the potential contribution they can make to cognitive and personal development as well as to staff assessments of new participants and the likelihood of completion. Extensive initial workshops like those offered in the New Jersey programs provide greater opportunity for socialization and formation of peer relationships. Longer workshops at the start of the program sequence also offer more opportunity for participants' personal interests, communications and social skills, family problems, and motivation to be clarified before decisions are made about their involvement in ongoing education or training. On the other hand, it frequently was difficult to hold the teenage parents' attention and make effective use of the workshop format over a period of several weeks. Moreover, shorter workshops allowed new participants to move as quickly as possible into substantive education or training. Because of the length of their workshops, the Camden and Newark programs had to defer workshop activity for new participants who were in

school at the time of enrollment until the next school vacation and maintain a system for reminding staff to schedule these participants for workshops.

Staffing Workshops. The demonstration sites staffed their workshops in three different ways. In Chicago, Project Advance case managers were entirely responsible for leading the three-day initial workshops, and ongoing workshops generally were led by outside consultants (some paid, others volunteers). For most Newark and Camden workshops, the programs contracted with other agencies such as Planned Parenthood, JTPA, and community organizations to provide workshop leaders. However, in-house program staff were designated to conduct certain initial workshops, either in addition to their work as case managers or as part of a broader workshop coordination role.

Using case managers to run workshops has several advantages, the most obvious being that the case managers can use the workshops as fruitful assessment opportunities for participants assigned to their caseloads. Even for participants assigned to other case managers, the workshop leaders can provide valuable information to help other case managers understand their new clients. Workshop leaders who are part of the case management unit also have informal opportunities to share information with their colleagues. Using regular case managers to run workshops also can hold down program costs, but this adds to the strain on these staff members and limits the opportunities to tap outside expertise. Even for the very limited introductory workshops held at Project Advance, some case managers eventually concluded that it would be preferable to assign special program or contract staff as workshop leaders.

A variety of sources of expertise with specialized skills can be tapped for workshops. For example, under contracts or in some instances no-cost interagency agreements, workshop leaders came from the local Planned Parenthood Association for family planning workshops, from county extension services for nutrition and life skills workshops, a nonprofit drug rehabilitation program for an AIDS/drug abuse workshop, and several small nonprofit agencies for life skills and grooming workshops.

One program adopted a promising staffing approach that combined the advantages of using in-house staff and outside specialists to run workshops: a case manager was reassigned to lead the life skills workshop, coordinate the scheduling of all initial workshops, and monitor the content and delivery of workshops by outside staff. The workshop coordinator met with individual case managers regularly to discuss special issues or problems observed in the workshops pertaining to individual participants.

EXHIBIT 2

MODELS OF PROGRAM WORKSHOPS

BRIEF INTRODUCTORY WORKSHOPS AND SPECIAL TOPICAL WORKSHOPS

Project Advance in Chicago required new participants to go through a three-day sequence of short workshops on six topics, totaling nine hours, conducted by program case managers. Later, in their individual dealings with participants, case managers could continue discussing these issues in more detail. Program staff scheduled selected participants for ongoing workshops offered on a regular repeating cycle (for example, home life management, education preparation, job club, prenatal care). Staff selected participants based on their apparent need for help with issues covered by these workshops. Invitations to other "special-event" workshops, conducted only occasionally or at long intervals, were sent to a large list of active clients; usually, a smaller group of more manageable size attended.

INTENSIVE "BOOT CAMP"

The Camden Teen Progress program required an intensive "boot camp" of initial workshops before other program activity. New participants went through a sequence of initial workshops that spanned about four weeks and required about 78 hours of total attendance. Outside consultants and staff from other service agencies were used extensively to run workshops. The workshop cycle was structured so that new participants had virtually a full-time schedule of workshop activity for four weeks, and then went on to other education, training, or job search activities. The only Camden workshop for ongoing participants was a six-week program of preemployment preparation for participants getting ready to look for a job. In some instances, these participants were judged at assessment or upon completion of a training course to be ready for the job market; in other instances, participants were scheduled for the preemployment workshop if they resisted pursuing recommended education or training, or if they failed to complete such activities or comply with their requirements.

INTEGRATION WITH EDUCATION AND TRAINING

The Newark Teen Progress program integrated extensive initial workshops with education and training activities. An extensive sequence of required initial workshops involved more than 100 hours of attendance at sessions dealing with family planning, HIV and drug abuse, nutrition, and life skills. These initial workshops were viewed as one set of activities--along with education or job training, as appropriate--from which a full-time schedule of classes could be selected. Since the workshops were of varying length--one of them lasting six weeks--and sometimes had conflicting schedules, even participants who adhered to their plans might attend initial workshops for several months. Staff developed a schedule of classes for each new participant, consisting of a combination of workshops and appropriate other activities, such as on-site remedial education classes or JTPA-funded job training (if the participant had adequate basic skills). Many participants followed, for as much as several months after their enrollment, a school-like schedule of classes at the program site, centered around an on-site remedial education class and supplemented by the various initial workshops as they became available and could fit into the participants' schedules.

Workshop Emphasis. Three workshop formats were used: initial workshops for all new participants, regularly scheduled "cyclical" workshops for selected ongoing participants, and special event workshops open to all participants. Mandatory initial workshops are the most appropriate format for topics likely to be of importance to most or all new participants. In contrast, workshops for ongoing participants are the most appropriate format for focusing more closely on the needs of particular participants or on topics relevant only to some.

Special event workshops for ongoing participants posed special problems for staff in preparing workshops and promoting attendance. These required finding appropriate workshop leaders, selecting dates to fit into their schedules, and then promoting the events. Staff sometimes made extensive efforts to arrange special workshops and invite large numbers of participants, but ended up actually delivering the workshops to a small group.

Promoting Workshop Completion

In all three sites, special efforts were needed to encourage participants to fulfill requirements to attend initial workshops. Schedule flexibility, child care assistance, and the sanction policy were key to gaining the level of participation achieved. Staff dealt with schedule conflicts and missed opportunities in several ways:

- Deferring workshop attendance to summer months for participants attending school
- Scheduling a workshop for morning and afternoon sessions, to make it more feasible for participants with other school or work commitments to fit the workshop into their schedules
- Rescheduling participants for a later workshop cycle after they missed the originally scheduled session

On-site child care was especially useful for initial workshops since new participants often had not had time to arrange a long-term provider and were still wary of leaving their babies in the care of others.

Despite scheduling flexibility and the availability of support services, program staff had to rely quite often on the demonstration sanction policy to promote workshop attendance. The sanction process was used most often in New Jersey, where the length of the initial workshop sequence demanded more sustained attendance and created a greater risk of attendance problems.

CASE MANAGEMENT

Case management was the cornerstone of the demonstration programs. Because of the complex needs and diversity of this population, strong case management was an essential feature of the programs. Services for young welfare mothers needed to be individualized and modified over time. This individualization can best be accomplished if a single staff person--such as a case manager or continuous counselor--becomes familiar with the teenager and has ongoing responsibility for her (Hershey 1991a).

Case management services were almost universally appreciated by the young mothers. Despite the fact that many young mothers had been sanctioned or warned that they would be sanctioned, their feelings about the program were generally extremely positive. Praise for the personal and caring attention of case managers and other program staff was especially high. Case managers linked the teenagers to the services they needed, monitored their progress in the program, offered advice and guidance for personal problems, and provided much-needed support and encouragement. For many young mothers, the case managers served as role models or surrogate parents:

When I go to Project Advance, they know me, they speak to me. Some of the people there were on a first-name basis. It's another part of home. If I do something that's stupid, they know it, they tell me. When I do something good, they all praise you for it.

It is the one program that actually motivates someone to do something. There was always something going on even if you weren't working. You didn't have to be in the street, and you didn't have to sit in your house.

Case managers were expected to help participants gain access to appropriate education, training, employment, and child care services. They also were responsible for motivating and encouraging participants, for helping them deal with personal crises, for monitoring their attendance, and for enforcing the rules that required their active participation. To achieve these goals, case managers performed six broad roles:

- *Initial and Ongoing Assessment and Planning.* Case managers conducted in-depth interviews using a specially prepared interview guide covering educational progress and aspirations, work experience and occupational interests, child care needs and resources, transportation problems, housing situations, history of substance abuse, health problems, legal problems, family planning practices and attitudes, and general self-esteem. Reassessments of activity plans were conducted as changes occurred in participants' personal or family lives, as they progressed through program activities or had difficulties, and as changes occurred in the services available.

- *Personal Support and Motivation.* Case managers provided encouragement and sympathy but also clear and consistent expectations that many adolescents need for motivation and guidance, which case managers perceived had been missing in many participants' lives.
- *Service Coordination and Advocacy.* Case managers had to keep track of the availability of desirable education and training courses and program workshops, construct plans that made optimal use of available resources and participants' time, and often intercede on behalf of clients.
- *Providing Child Care and Transportation Assistance.* Case managers routinely played important roles in ensuring access to child care and transportation. Sometimes they worked directly with the young mothers to address their child care and transportation needs. But, they often referred the young mothers to other staff or programs that could address these needs.
- *Enforcing Participation Requirements.* Case managers tried first to persuade and pressure clients to participate, often developing alternative plans for activities that seemed more likely to motivate them. As a last resort, they initiated sanction actions. They also had responsibility for initiating sanction removals, as warranted.
- *Maintaining Case Records.* Program staff at the demonstration sites used a combination of computerized and manual systems to maintain records concerning assessment and self-sufficiency plans, participants' program activity and attendance, case notes, and payment issuances for child care and transportation. Case managers also maintained written case narratives.

Staff Structure and Specialized Roles

To deliver the range of services described, each site created a structure of supervisory relationships, specialist roles, and support roles. The basic staff structure at all three sites consisted of a site manager, assistant managers or supervisors, and a team of case managers. The ratio of case managers to supervisor was about five to one. Case managers were supported by specialists who worked directly with participants in aspects of the broad case management functions, particularly in employment or job training. Clerical staff also helped case managers monitor and manage their caseloads by performing functions such as client call-in and scheduling, attendance monitoring, liaison with income maintenance units on sanction status, data entry of client contact data, and voucher processing for child care and transportation payments.

Recruitment and Training

In these programs, as in other initiatives that are run as part of the state welfare system, flexibility to recruit staff trained to work with this population was limited. As a result substantial staff training and skilled supervision were essential. At the extreme, in Chicago, where most of the case managers had only a high school diploma and no social work experience, case managers were given two weeks of initial training, mostly by outside experts. This training covered topics such as adolescent health risks, pregnancy prevention programs, employment problems facing teenage parents, the child support enforcement process, adolescent development, teenage sexuality, parenting, and child discipline, in addition to demonstration procedures and data collection. An additional 20 to 30 days of training sessions were held during the course of the demonstration, covering topics such as adolescent health, reproduction and family planning, parent-child relations, child care and child safety, child sexuality, group dynamics, sexual assault and abuse, domestic violence, child abuse and neglect, managing stress and conflict, AIDS, promoting self-esteem, and methods for motivating youth.

Case managers also needed training and continual updates to familiarize them with local service options and access routes. A necessary condition for the demonstration to enforce its mandatory participation requirements was that the programs make adequate activity options available for the young mothers. The ultimate patterns of participation in education, training, and employment were essentially constrained by the success of program staff in identifying and/or creating opportunities.

Case Management Role in Client Participation

Some teenage parents came to the demonstration programs strongly motivated to continue their education or to find and succeed in a suitable training course. These participants had a strong sense of personal direction and purpose. They needed no prodding or coaxing by case managers to pursue a path off AFDC and toward self-sufficiency and appreciated the program's help with child care and expense subsidies.

The larger segment of the target population, however, suffered from general lack of confidence, self-esteem, and supportive relationships. Some clients' families objected to their pursuing education or training. Some participants' boyfriends interfered with their involvement in the demonstration. Crime and drug abuse in their neighborhoods threatened their security and could make them uneasy traveling to program activities or jobs. These young mothers (who were less motivated, had less sense of direction, and/or faced severe countervailing pressures that could overwhelm their strengths and ambitions) had the potential to be most affected by the program. Case managers spent most of their time working with these clients on an individual basis to find the right combination of supportiveness and helpfulness on the one hand, and pressure and clear expectations on the other. These efforts sometimes extended to home visits (Maynard 1993).

Case managers had to use a variety of approaches to overcome clients' reluctance to participate. They reasoned with clients; they encouraged them; in some instances, they spoke to clients' mothers to win support for their daughters' participation. They chided clients when they missed appointments or slacked off in attendance at education or training classes. They reminded them *they had to choose* between participating and the possibility of a sanction. These efforts often extended over long periods, with many clients going through recurrent cycles of participation and resistance.

Qualities of a Good Case Manager

Case management is a very demanding job, requiring energy and patience, imagination and discipline, warmth and realism, a capacity for insight about human emotions and motivation, and well-organized work habits. Program managers shared common perceptions about the qualities of a good case manager and factors to be considered in building a case management staff:

- **Teamwork.** Staff must be able to work as a team and avoid jealousies or turf issues. Otherwise, they cannot respond effectively to crises that arise when a client's assigned case manager is out of the office. A spirit of helpfulness and an ability to avoid possessiveness about one's caseload are important to success.
- **Mix of Personal Styles and Backgrounds.** A variety of personal styles and backgrounds is valuable in the case management unit. Staff with an understanding of adolescent development and behavior and ways of working with teenage parents can enhance other unit members' understanding of these factors. It is also valuable to have some case managers who are street savvy, familiar with the neighborhoods where clients live, experienced with the life problems they face, and aware of the strategies people growing up in poverty can develop to overcome the terrible problems they face or to avoid dealing with problems productively.
- **Organized Work Habits.** Case managers have to be both systematic (keeping track of their own agenda and managing time effectively) and responsive (able to deal with interruptions and crises thrust upon them by clients' unexpected needs and demands).
- **Creativity and Persistence.** Finding creative approaches requires thinking specifically about each client's goals and taking specific steps that will help achieve those goals. Being creative does not necessarily imply using unusual service providers or activities, but it does mean being conscious of and attentive to the advantages and disadvantages of each activity for each client. Program managers can promote creativity by exposing case managers to a wide range of community service options, and allowing case managers flexibility in working out individual service plans for the young mothers.

Program Assistance for Case Managers

Program managers had to organize their staffs and define roles for a broad range of functions: counseling individual clients, leading group intake sessions, conducting program workshops, maintaining client case records, entering data into automated systems, collecting and recording attendance data for on-site and off-site program activities, issuing sanction warning notices and communicating with income maintenance workers to impose or end sanctions, developing child care resources and arranging child care, developing contacts with community service providers, encouraging special services of value to teenage parents, and coordinating a variety of special tasks to support the research data collection aspects of the demonstration. The following were all important in helping case managers fulfill these responsibilities:

- *Specialized Staff Roles.* Case management staff specialization can relieve case managers of quasi-clerical tasks. It also allows greater expertise to be brought to bear on specific services for program participants and can help develop specialized aspects of a program (for example, child care services).
- *Developing Service Links.* Program managers can also play an important role in creating conditions conducive to access by promoting contacts between their case management units and other public and community agencies offering services of potential use to teenage parents. They also tried to tailor available services to program participants' needs by, for example, modifying entrance requirements, altering class schedules, expanding certain classes, and reserving slots. Program managers, rather than individual case managers, had to address issues like shortages of child care for infants and a lack of job training for Spanish-speaking participants.
- *Supervision.* Case managers were expected to be effective in individual counseling, to develop and oversee suitable service plans, and to maintain thorough documentation of casework. Strong supervisors were crucial in helping case managers in key aspects of these roles, such as defining the limits of appropriate intervention for individual clients. Case managers also needed coaching to avoid over-reliance on routine approaches, and they needed strong and knowledgeable supervision to promote rigorous and consistent maintenance of case files and automated case tracking systems.
- *Monitoring and Controlling Caseloads.* These programs demonstrated the feasibility of running effective programs for teenage parents with case loads substantially larger than was generally thought to be the case by professionals in teenage parent service delivery. The overall number of teenage parents assigned to case managers rose to an average of 100 to 115 in the New Jersey programs and to about 140 in Chicago. The demonstration experience suggests that active caseloads around the maximum reached in Chicago stretch

the capacities of case managers to perform the full range of functions described earlier.

- *Maintaining Staff Morale and Stability.* Program managers can help staff morale and stability through staff recognition, professional development, and periodic evaluation of work assignments. They also should seek to find ways to develop the professional qualifications and skills of the case management staff, for example, through staff retreats, training sessions, and feedback on staff's application of training.

EDUCATION AND JOB TRAINING SERVICES

A necessary condition for the demonstration to enforce its mandatory participation requirements was that the programs make adequate activity options available for the young mothers. The ultimate patterns of participation in education, training, and employment were essentially constrained by the success of program staff in identifying and/or creating such opportunities (Hershey and Rangarajan 1993).

Education was the most commonly pursued activity for several reasons. First, state and local program staff had their own conceptions about services that would be beneficial and judged education to be highest priority for many, based on their experiences in other employment training programs where young mothers often were excluded from or failed in training because of poor basic skills. Second, employment and training options were inevitably constrained by practical limitations--the range of services and number of slots available from other agencies, the conditions required for entry, and the funds and expertise available to develop new services. Third, education was frequently viewed as an activity that could help participants address their ambivalence about what they wanted to do, and it was a readily available option.

Sources of Education and Training

Education and training services were provided by a variety of agencies and programs, generally organizations already involved in delivering such services, but usually for a more broadly defined population. In some cases, however, demonstration staff were able to promote modifications or enhancements to meet the special needs of teenage parents. The Camden and Newark programs operated in relatively small urban environments and had to rely primarily on a limited number of service providers. For example, Camden clients attended a total of 8 secondary schools and job training courses offered by a total of 26 providers; Newark participants attended secondary programs at 8 schools and received job training from 17 providers. In contrast, the Chicago project, which served an area with a population of more than one million, drew on a much broader array of service providers. Chicago participants attended 59 different secondary schools and took job training courses offered by more than 100 different providers. In all sites, the range

of providers included regular academic or vocational technical high schools; alternative schools; community colleges; adult schools for GED, basic skills, or ESL classes; proprietary schools offering job training; postsecondary college programs; and public agencies and community-based organizations.

Proprietary schools were a major source of job training, constituting 65 percent of all job training in the three sites. In part, the pattern of heavy reliance on proprietary schools reflects the manner in which job training funds are disbursed through JTPA agencies. However, it also reflects successful marketing by the proprietary schools.

Challenges in Developing Education and Training Services

Demonstration managers at the state level and the three sites had to reconcile competing objectives and constraints in developing an array of education and training activities. They had to rely to a large extent on programs offered by existing educational institutions and training providers and funders and, thus, had to deal with shortcomings in some existing services. The result was a variety of efforts to tailor services to teenage parents' needs or create complementary services to help participants.

Education Classes. The most common challenge was finding appropriate educational services for participants who had dropped out of high school; lacked the maturity, work history, or skills to find employment; and were too young for job training or could not meet basic skill criteria. Although some of these participants returned to regular academic, vocational, or alternative high schools in their local school district, and some went on to postsecondary education, GED and Adult Basic Education (ABE) classes were the next most common choice of educational activity after continued high school attendance.

A combination of existing and new educational programs was used, both having advantages and disadvantages. Existing GED and ABE programs were offered primarily by community colleges and adult schools operated by local school districts. These GED and ABE programs for the general public had the advantage of being established and available at a variety of locations--a factor of particular importance in Chicago, where participants' residences were widely dispersed. But these programs tended to be poorly suited to some teenage parents' needs. The teenage parents often did not feel comfortable in classes with older adults; teachers accustomed to serving a broader adult population tended not to be sensitive to the problems faced by teenage parents. Finally, the importance of frequent communication with demonstration staff about teenage parents' attendance was not always clear to staff of regular community adult schools, who generally taught voluntary students.

In response to these limitations, all three programs sought or developed programs that specifically served teenage parents. The in-house classes ensured that participants could be in frequent communication with their case managers, and that case managers and academic instructors could be in close communication over participants' attendance and progress. Making academic

classes part of the program also made it more feasible, at least in theory, to tailor instruction to the needs of participants.

In-house classes were not, however, an automatic solution to perceived shortcomings of community programs. Programs still had to deal with the limited attention spans of the young mothers and their lack of interest in noncontextual learning. Successful alternatives included an intensive and very personalized academic instruction built around group interaction and cooperation, support counseling, group research projects in the community, and paid work experience assignments. Another alternative was getting participants into alternative secondary educational settings. This posed some special problems, however, at one site where participants who had dropped out of high school but were still within the age limit of mandatory school attendance laws had to obtain school district permission to enter a GED program. This process required parental waiver of school district responsibility and often a negotiation with school district officials somewhat reluctant to see their regular enrollments diminish. Moreover, not all of the independent schools were accredited and could issue state-recognized diplomas. Students attending such schools were required to take the GED exams as well as complete the alternative program.

Job Training. Participation in job training varied across sites in part because of differences in participants' high school completion rates, but also because of restrictions on access to JTPA-funded training (which was the major source of training). At one site, the JTPA agency required that individuals have a high school diploma or GED before entering any JTPA-funded job training course--a restriction that severely limited participation by the young mothers. Alternative sources of job training for participants who lacked high school diplomas were not always attractive to participants--for example, some training programs at the local vocational technical high school, an option generally available to them before they dropped out of school. Moreover, participants sometimes resisted placement in training out of disinclination to return to a school setting and sometimes out of a sense that the training was not high quality.

Training options for Spanish-speaking participants were especially limited. For the most part, the only obvious option was to encourage the teenage parents to attend English as a Second Language classes, even for participants whose basic skills and high school credentials (usually from Latin America) were solid. ESL classes, however, appeared relatively ineffective, in large part because other useful activities, conducted in Spanish, often competed for participants' attention. Another strategy aimed at the Spanish-speaking population was to work with the local JTPA agency to develop a few opportunities with employers who spoke Spanish and whose business did not require a knowledge of English.

LOOKING AHEAD

These results point to potential long-term benefits of placing greater emphasis on the teenage parent population in the JOBS program. Mandatory programs can be implemented in a manner such that both staff and clients alike view them as supportive rather than punitive. Moreover, the mandatory aspect of the program model can promote both strong case management and cooperation among the target population.

Program participation requirements were very important to the successes of these programs. However, because the welfare-dependent teenage parent population is extremely diverse, programs should avoid rigid service sequences and offer a variety of education and training options. Failure to do so will limit the tools case managers have to gain and maintain active participation. However, capitalizing on flexibility requires strong and creative case management and a diverse set of tools to help young mothers who experience disruptions in their participation get back on track expeditiously.

During a brief two-year follow-up period, we observed significant program-induced movement toward self-sufficiency among the young mothers. Moreover, at the time of our follow-up survey, many of the young mothers were still in school and all of them still had very young children. It will be critical to monitor these young mothers as they enter adulthood and their children get older to determine the long-term benefits of this type of intervention--an effort currently under way. However, it seems clear that even well-managed programs such as Teen Progress and Project Advance will not eliminate long-term welfare dependency.

Three lessons from this first round of analysis are of general significance when replicating this program model or attempting to design other strategies to promote self-sufficiency among teenage parents: (1) the role of mandatory participation requirements; (2) the importance and nature of child care support needs; and (3) the importance of tailoring service plans.

MANDATORY PARTICIPATION REQUIREMENTS AS A CASE MANAGEMENT TOOL

The demonstration programs turned the participation requirements and sanction policy into very constructive case management tools. These requirements got young mothers to come into the program in the first place and fostered ongoing participation. More importantly, they were instrumental in defining case managers' commitment and obligation to coax, pressure, and cajole troubled and uncooperative teenage parents into working toward overcoming barriers (including psychological ones) to their self-sufficiency. The rules also provided a clear basis for case managers to insist on participation and specified clear consequences for failure to participate.

Case managers, virtually none of whom endorsed the mandatory nature of the program at the outset, felt strongly that their ability to reach the teenage parents and help them work out their problems was greatly facilitated by the

consequences for a teenage mother if she did not accept help or find another solution to a participation problem.¹¹ However, two conditions are essential for case managers to be able to use participation requirements and sanctions in this manner. First, the program must be well staffed so that case managers can follow up persistently when a participant fails to attend classes, find out what is happening, and either persuade the young mother to stick to her plan or, in some cases, work out a different plan. Second, there must be an adequate range of educational and training resources geared to teenagers' needs to back up the demand for participation. The formal threat of a sanction is not enough; a major responsibility of case managers in the demonstration programs was keeping teenage parents on track. Lots of things go wrong in these young mothers' lives, and only a combination of tough expectations and a supportive, encouraging, and attentive staff can keep them moving toward positive goals.

APPROPRIATE CHILD CARE SERVICES

Any program that is serious about getting teenage mothers to engage in out-of-home activities must deal sensitively with their child care needs--including paying for care if free care is not available. Most of these young mothers have infants who are the most precious part of their lives. They generally are reluctant to leave their child with anyone they do not know well, in part because they have no role models who have used nonrelatives to care for their children. Moreover, the young mothers are acutely aware of the widely publicized (yet rare) incidents of child abuse in day care settings. And, they are concerned about transportation to child care and the availability and quality of care. Public transportation is, at best, inconvenient for someone carrying a baby and a day's worth of baby supplies. For most of these young mothers, the relevant child care is that in their immediate neighborhood--primarily family day care and relative care, which are highly variable and often of questionable quality (Kisker, Silverberg, and Maynard 1990).

Special help often was necessary to help teenage mothers accept the idea of nonrelative care, consider available options, and make choices based not only on convenience of location but also on other qualities of the particular setting. Case managers or other staff often had to spend time working with participants on these issues, sometimes visiting several providers to help acquaint a young mother with child care options to make an informed choice. Staff time was also required to deal with breakdowns in care and emergency care needs.

TAILORED SERVICES

Designing an effective service strategy for teenage parents requires attention to the special needs that arise from the added responsibilities of parenting. The process is not as simple as opening up classrooms and hiring teachers to

¹¹It is also notable that, in in-depth interviews, none of the young mothers complained about the program sanction policies (Polit 1992).

upgrade math and reading skills and teach GED preparation courses. Many of these teenagers have already dropped out of standard classroom instruction. Imaginative programs combining academics, work experience, and intensive personal attention seem to work best at sparking interest and commitment.

Many teenage parents participating in the demonstration did not consider returning to their former high schools for a variety of reasons, including boredom, embarrassment, conflicts with school staff, the difficulty of finding acceptable child care and, in some cases, relatively indifferent attitudes of school bureaucracies. Many also found it difficult to integrate into available ABE and GED programs serving primarily adults. For some, it was important that the educational curriculum be connected to real-life and/or job experiences. For others, their problems with the adult-focused programs related to the classroom climate, which tended to be geared toward the interests and needs of adults (often older males).

The schedules and locations of services are often inconvenient or incompatible with the needs of these young mothers. Inevitably, teenage mothers are going to require some schedule flexibility to deal with sick children, child care breakdowns, and other crises. Public schools, in particular, often do not adequately accommodate these needs. Transportation also can be an especially big problem for those using child care outside of their immediate neighborhoods.

In general, it was difficult to place these welfare-dependent teenage mothers in job training because of their low basic skills or lack of a high school degree. JTPA and other training providers tend to be predisposed against both teenage parents and those with low basic skills, because of the additional support services and training time often required to achieve "successful" outcomes. Creative solutions to bridge the skills-to-training gap are badly needed.

UNANSWERED QUESTIONS

There are two important unanswered questions from this study. One is whether these early education, training, and employment impacts of the program will translate into longer-term increases in self-sufficiency. This question is being addressed through a longer-term follow-up of the study sample and their children. The second unanswered question is how much improvement in outcomes could be achieved in programs that were able to address some of the shortcomings of the demonstration programs. For example, still higher participation rates and improved longer-term outcomes likely could be achieved if the programs had greater capacity to create stronger education and training options tailored to the needs of the young mothers; if they found more effective ways to help the young mothers control their fertility--something most of them want to do; and if the child support system had stronger incentives for parents--mothers and fathers--to cooperate and for the agency to focus on this population, which has limited prospects for making significant support payments in the short run. Architects of future welfare policies and programs should build on the operational success of this

demonstration in serving very large caseloads of teenage parents and in sensitively but effectively using sanctions to promote participation in sufficiency-promoting activities, but also attend to the areas where the program and/or its implementation could be strengthened.

APPENDIX A

**MEANS AND STANDARD DEVIATIONS OF OUTCOME MEASURES
AND SIGNIFICANCE LEVELS OF IMPACT ESTIMATES**

TABLE A.1

MEANS AND STANDARD DEVIATIONS OF KEY OUTCOME VARIABLES

	Mean	Standard Deviation
Activity Choices		
Percent in school, training, or employed	72.34	44.74
Percent of months active	31.14	32.93
Percent in school	34.96	47.69
Percent in job training	24.35	42.92
Percent employed	45.97	49.85
Percent in job club	15.80	36.48
Percent Active, by Months after Intake		
3 months	27.84	44.83
12 months	35.80	47.95
24 months	36.81	48.23
Percent in School, by Months after Intake		
3 months	13.56	34.24
12 months	15.49	36.19
24 months	13.83	34.52
Percent Employed, by Months after Intake		
3 months	11.07	31.38
12 months	17.55	38.05
24 months	21.95	41.39
Income		
Average monthly earnings (\$)	124.78	252.81
Average monthly AFDC benefits (\$)	251.46	117.73
Percent of months receiving AFDC	78.52	27.70
Average monthly food stamp benefits (\$)	126.70	78.54
Percent of months receiving food stamps	68.93	32.83
Monthly child support	22.01	83.02
Percent with income below poverty	85.49	35.22
Social and Demographic Outcomes		
Percent living with supportive adult	50.58	50.00
Percent with paternity established	47.99	49.96
Percent receiving financial support	9.33	29.09
Percent in regular contact with child's father	27.15	44.48
Number of repeat pregnancies	0.96	0.85
Number of new births	0.63	0.68

SOURCE: Follow-up surveys conducted an average of 28 months after intake, and state welfare, wage, and child support records.

TABLE A.2
SIGNIFICANCE LEVELS OF IMPACT ESTIMATES

	Impact	F- or t- Statistic	P-Value
Activity Choices			
		F	
Percent in school, training, or employed	12.42	67.60	.0001
Percent of months active	07.74	49.72	.0001
Percent in school	12.31	56.95	.0010
Percent in job training	04.23	7.92	.0049
Percent employed	05.11	9.06	.0026
Percent in job club	18.23	208.00	.0001
Percent Active, by Months after Intake			
		t	
3 months	5.58	3.994	.0001
12 months	8.61	5.739	.0001
24 months	6.50	4.048	.0001
Percent in School, by Months after Intake			
		t	
3 months	4.52	4.245	.0001
12 months	5.12	4.508	.0001
24 months	3.25	2.774	.0056
Employment, by Months after Intake			
		t	
3 months	-0.23	-0.227	.8203
12 months	2.11	1.746	.0808
24 months	2.80	2.042	.0412
Income			
		F	
Average monthly earnings (\$)	22.85	6.81	.0091
Average monthly AFDC benefits	-18.72	38.20	.0001
Percent of months receiving AFDC	-2.62	11.27	.0008
Average monthly food stamp benefits	-0.53	0.53	.4627
Percent of months receiving food stamps	-2.54	7.99	.0047
Monthly child support	-3.17	1.35	.2451
Percent with income below poverty	-1.31	1.38	.2396
Social and Demographic Outcomes			
		F	
Percent living with supportive adult	1.53	0.99	.3213
Percent with paternity established	3.55	7.19	.0074
Percent receiving financial support	1.10	1.43	.2317
Percent in regular contact	1.84	1.48	.2235
Number of repeat pregnancies	0.80	0.10	.7573
Number of new births	3.70	3.43	.0642

SOURCE: Follow-up surveys conducted an average of 28 months after intake, and state welfare, wage, and child support records.

APPENDIX B

**MONTHLY ACTIVITY RATES AND
PUBLIC ASSISTANCE RECEIPT**

TABLE B.1
OUT-OF-HOME ACTIVITY, BY MONTHS AFTER INTAKE
(Percents in Activity)

Months after Intake	Education, Training, or Employment		Education		Employment	
	Regular-Services Group	Estimated Impact	Regular-Services Group	Estimated Impact	Regular-Services Group	Estimated Impact
Month 3	24.9	5.6 **	11.2	4.5 **	11.1	-0.2
Month 6	27.4	9.3 **	11.9	5.7 **	12.5	3.6 **
Month 9	29.1	8.3 **	12.9	4.9 **	14.1	3.0 **
Month 12	31.3	8.6 **	12.9	5.1 **	16.4	2.1 *
Month 15	32.4	8.6 **	12.7	4.6 **	18.2	2.9 **
Month 18	34.0	6.9 **	12.6	4.1 **	19.8	1.8
Month 21	35.0	5.9 **	13.1	2.6 **	20.0	3.2 **
Month 24	33.6	6.5 **	12.2	3.3 **	20.5	2.8 **
Sample Size	1,664-1,893	3,350-3,792	1,682-1,914	3,385-3,831	1,676-1,902	3,381-3,822

SOURCE: Surveys administered to sample members an average of 28 months after sample intake.

NOTE: Estimates are regression adjusted. Means of control variables used in the analysis are found in Maynard et al. 1993 (Table A.8). In addition, these models included the interaction variables listed in Maynard et al. 1993 (Table A.14).

* Significantly different from zero at the .10 level, two-tailed test.

** Significantly different from zero at the .05 level, two-tailed test.

TABLE B.2
AFDC AND FOOD STAMP RECEIPT AND BENEFITS,
BY MONTHS AFTER INTAKE

Months after Intake	AFDC		Food Stamps	
	Regular-Services Group	Estimated Impact	Regular-Services Group	Estimated Impact
Receiving (Percents)				
Month 3	89.9	-0.9	72.0	-0.9
Month 6	86.5	-3.2 **	70.6	-2.7 **
Month 9	84.1	-4.6 **	70.3	-3.7 **
Month 12	80.3	-4.6 **	69.1	-3.9 **
Month 15	77.4	-3.1 **	69.9	2.8 **
Month 18	75.6	-3.0 **	67.9	-2.3 *
Month 21	73.6	-2.2 *	67.7	-1.8
Month 24	72.5	-1.6	67.8	1.9
Monthly Benefits (Dollars)				
Month 3	273	3	124	1
Month 6	266	-22 **	123	-1
Month 9	262	-30 **	123	-2
Month 12	260	-34 **	125	-4
Month 15	253	-25 **	128	-2
Month 18	248	-21 **	129	-3
Month 21	246	-16 **	131	0
Month 24	248	-15 **	136	-2
Sample Size	2,404- 2,530	4,813 - 5,051	2,402- 2,526	4,814 - 5,046

SOURCE: Administrative data.

NOTE: Estimates are regression adjusted. Means of control variables used in the analysis are found in Maynard et al. 1993 (Table A.8). In addition, these models included the interaction variables listed in Maynard et al. 1993 (Table A.14).

*Significantly different from zero at the .10 level, two-tailed test.

**Significantly different from zero at the .05 level, two-tailed test.

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