

**BACKGROUND BRIEFING REPORT
WITH SEMINAR PRESENTATIONS**

**TEEN FAMILIES AND WELFARE DEPENDENCY
IN CALIFORNIA**

**STATE CAPITOL
SACRAMENTO, CALIFORNIA**

DECEMBER 1994

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IN CALIFORNIA**

*A Review of the Consequences of Teen Parenting,
Welfare-Linked Intervention Programs,
and Policy Options for Teen Pregnancy*

PREPARED BY

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- Provide a forum for frank and open consideration of various policy dilemmas and policy options;
- Facilitate productive communication among state legislators, legislative policy staff, gubernatorial staff, state agency officials, and state agency policy staff, with program professionals, policy experts, and researchers from throughout the United States; and
- Generate a family-centered approach to information, moving from a categorical program focus on the individual child or parent to one that evaluates the issue or problem and potential solutions within the context of the family.
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INTRODUCTION

The Clinton Administrations' decision to focus a large share of its welfare reform efforts on adolescent parents has emphasized a long-standing and controversial discussion. The cycle of poverty, academic failure, joblessness, AFDC, and poor outcomes is exacerbated by teen birth. To what degree, and how to intervene in the most productive and cost efficient manner, are subjects of great debate. The issue itself is clouded by our ambivalence as a society about both sexuality and government assistance.

A clear understanding of the relationships that exist between teen parenting and welfare is challenged both by the proliferation of unsubstantiated assertions about the behavior of low-income families, and the vast, conflicting body of research about adolescent parents. What follows is an effort to clarify some of the basic issues related to teen families and government assistance. Chapter I discusses the dimensions of the problem itself. In Chapter II, the consequences of teen birth to the parents and their children are presented. Chapter III is a summary of some prominent interventions from the last ten years. Chapter IV describes some of the innovations being tested in response to the crisis as it is now understood. Finally, policy implications based on the evaluation of previous interventions and some of the statistical research in the field will be discussed in Chapter V.

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EXECUTIVE SUMMARY

The United States has the highest teen birthrate in the developed world, and California has the highest in the nation. This rate is climbing after many years of decline, and with it the rate of teen births to unmarried mothers. These young women are disproportionately poor, and from minority groups. Half will receive Aid to Families with Dependent Children (AFDC) in the two years following the birth of their first child. Forty-two percent of all families currently receiving AFDC began with a teen birth.

It is likely that these teens were at risk of school failure before their pregnancies. In fact, between one-quarter and one-third drop out of school before they become pregnant. Only half of all teen mothers go on to finish high school. It is difficult to measure the affect of a birth on the educational outcomes of teen mothers. No doubt, however, that the complications of child care, transportation, school reentry, and economic pressures a young family face make high school graduation much more challenging.

Partly because of their lower educational levels, 43 percent of all teen mothers live in poverty 5 years after the birth of their first child. They tend to have larger families, less stable marriages, and poorer paying jobs than those whose first birth occurred after age 20. These poor outcomes are exacerbated when the mother has a second child during her teen years.

No direct relationship between AFDC and teen birthrates has been definitively established. AFDC, however, has been demonstrated to have a negative affect on marriage rates for teens and adults. Some factors that are associated with lower teen birthrates are low student-teacher ratios, higher community spending on education, and the availability, access, and financing of contraceptive and abortion services.

Children born to teen mothers are much more likely to live in poverty. They have lower birthweights and poorer health. Children of teens are more likely to repeat a grade, and are at much higher risk for school failure. They are at increased risk for becoming a teen parent themselves.

A variety of interventions to improve the outcomes of teen mothers have been tested: case management, welfare sanctions and incentives, and education and job training. These include New Chance, the Teenage Parent Demonstration, and the Elmira Home Visiting Program. They have shown some success in increasing school retention rates for those teen mothers still in school at the birth of their first child. Those mothers who had already dropped out at the time of birth were largely unaffected by any intervention. The high school diplomas achieved through these demonstrations have not translated into any economic gain for the teen mothers or their families. With the exception of the Elmira Home Visiting Program, these projects have not reduced the rate of repeat births, which is considered key to economic viability.

Current welfare reform efforts under way include many of the same features from past programs. Many tie AFDC grants to educational participation and performance. Some include incentives for teens to marry. Some suspend benefits for a second birth to a teen parent. The U.S. Department of Health and Human Services has required that each of these demonstrations be rigorously evaluated. The results have yet to be published.

Many questions remain for policymakers. Given the poor outcomes for high school drop outs, the current emphasis on diplomas seems wise. Is it feasible to look to public education to engage girls who have already failed at school in expensive remedial programs? What is the value of the added effort to retain teen mothers in school if their earnings prospects are poor with a high school diploma? Is it wise to promote teenage marriages as a means of avoiding welfare dependency when these marriages has been found to be a predictor of high school dropout, rapid second pregnancy, and increased risk of divorce? Is there merit in suspending AFDC grants for a second birth to a teen even though none of the research supports this strategy? Noticeably absent from the past and current welfare reform efforts is attention to the fathers of these babies. What are their rights and responsibilities? What steps can be taken to require and enable them to provide child support and to become involved in the lives of their children? The implications and policies related to teen births should also take into consideration the role of poverty in most of these young mothers' live.

The federal debate is fueling a creative process in its desire to enable states to experiment with various welfare reform models. The problems are both critical and complex. Many different solutions will be tried and evaluated. The evaluation component, although expensive, is key to any future success. So far, many of the closely held speculations of policymakers have turned out to be either unproven (as in the case of pronatalist effect of AFDC), or to have unanticipated consequences (as in the case of teen marriages). Hard data about what works and close attention to what has already been learned is the nation's best tool in designing the next set of interventions.

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CHAPTER I: DIMENSIONS OF THE PROBLEM

Demographics

Somewhat over one million teen-aged girls nationally get pregnant each year. Approximately 479,300 of these end in live birth, and another 407,000 are estimated as being aborted. The teen birthrate in the United States is significantly higher than other developed nations (AGI 1994). Detailed demographic information is presented in California Family Impact Seminar's *Teen Pregnancy in California: Effective Prevention Strategies* (December 1994).

These figures are alarming for two reasons. First, the teen birthrate, which for many years had been in decline and then stabilized, is rising again. Second, over two-thirds of these births were to unwed mothers. The rate of nonmarital childbirth for teens has risen from 62 percent in 1986 to 69 percent in 1994—a 13 percent increase (Maynard 1994).

The young women giving birth in their teens are disproportionately poor and Black¹. Black and Latina teenagers are 67 percent more likely to get pregnant than their white counterparts. The nonmarital birthrate is much higher for young Black women (92 percent) than for young white women (43 percent) (AGI 1994; Lawson and Rhodes 1993).

California has the highest teen birthrate in the nation. In California, 11.7 percent of all live births, or approximately 197 births each day, are to teen mothers. This makes the birthrate for teens 15-19 approximately 60 percent higher than the birthrate for women 34-39 (State of California 1993).

Sexual Abuse

It is estimated that 65 percent of all teen mothers have been victims of sexual abuse (Gershenson 1989), although it is usually not the abuser who has caused the pregnancy. However, there is a possible correlation between the abuse and the pregnancy. Abused teenagers have earlier, and higher rates of sexual activity than non-abused teenagers. These teens are more likely to have multiple sexual partners and engage in a wider range of sexual behaviors (Musick 1993). Thus, being sexually abused in childhood may put an adolescent at risk for behaviors that lead to a nonmarital birth.

Teen Fathers

Most of the writing related to adolescent parenting is focused on the teen mother. The majority (70 percent) of fathers of children born to unmarried teen mothers are over the age of 20. Still, 30 percent of the fathers are teens, although they tend to be older than the mothers (Fig. 3, AGI 1994). They share many of the characteristics that put mothers at risk for teen parenting. They are more likely to come from poor families, and to have lived in a single-parent household at age 14. They are also less likely to graduate from high school on time, and more likely to have a high school equivalency certificate (General Educational Development, or GED) than a diploma (Nord et al. 1992). This last factor may seriously restrict their ability to support a child, since in 1989, 75 percent of Black males with a high school diploma were employed, compared with 56 percent without a diploma (Achatz

¹ For the purposes of this discussion, the term black will be used to describe African-Americans and individuals from Caribbean nations.

1994). Some researchers speculate that growing joblessness, along with the relative drop in earnings for young Black men, their high rate of incarceration, and their high mortality rates contribute to the high rate of nonmarital birth among Black Americans (Achatz 1994).

Teen Births and AFDC

Fully one-half of all teen mothers in the United States will receive AFDC (Aid For Dependent Children) during the two years following the birth of their first child (GAO 1994). Three-quarters of unmarried teen mothers will receive AFDC within four years of giving birth, compared with one fourth of married teen mothers (Nord et al. 1992). Estimates of the total teen-mother caseload vary. While only 5 percent of the current caseload in any given year is teen mothers, 42 percent of all cases are comprised of families that began with a teen birth. Over half the AFDC budget goes toward these families (Moore and Wertheimer 1984). This amounts to some \$25 billion per year (GAO 1994). It is estimated that 40 percent of never-married women with children under age three who receive AFDC by age 25 will spend ten years or more in the system (Ooms 1990a). It is primarily for this reason that the Clinton Administration has chosen to focus their efforts on teen mothers, even though they are among the most difficult and expensive to help (U.S. Senate 1994).

CHAPTER II: CONSEQUENCES OF ADOLESCENT BIRTHS

The Current Debate in the Research

The research confirms that there are negative consequences associated with teen pregnancy and parenting. However, there is significant debate among both researchers and policymakers about the extent to which these negative outcomes are directly attributable to teen pregnancy and parenting.

One school of thought holds that adolescent females who become pregnant are already suffering from various problems, particularly extreme poverty. These teens would not have achieved the same level of successful outcomes in education and later employment as would the adolescent girls who delay childbearing until after the age of twenty. These researchers hypothesize that, even if these teen mothers delayed childbearing until they reached at least age twenty, they would still not be very likely to experience negative consequences—problems of poverty, low educational attainment, low earnings, and high welfare receipt. Thus, these negative outcomes should be discounted in some way (Geronimus and Korenman 1992; Furstenberg 1991; Geronimus and Korenman 1992).

A second school of thought holds that teenagers are just a subset of society, participating in the trends of the larger unit. They engage in premarital unprotected sexual activity because they have been socialized to do so by entertainment and commercial media, and by personal examples all around them. Teens participate in the same trends toward unmarried childbirth that the rest of society is experiencing. Vinovskis points out that the definition of adolescence as a separate period of life between childhood and adulthood is a fairly recent phenomenon. In the past, society was concerned with premarital sex, not with the age of the participants. (Males 1994; Vinovskis 1992)

Consequences to Teen Mothers

School Failure

The question of school completion, in particular, has been debated vigorously. Do teenagers drop out of school because they are pregnant or do they drop out first and then become pregnant? How does pregnancy affect the rates of high school graduation or receipt of a General Education Diploma (GED)? The level of educational attainment of teenage mothers appears to affect their later earnings, welfare dependency, and their children's outcomes in many ways.

Researchers using data from the National Longitudinal Survey of Youth (1979-1987) found that students who became pregnant while enrolled in school were more likely to graduate than to drop out and were nearly as likely to graduate as teens who did not have a baby. In addition, adolescent girls who dropped out to have a baby were more likely to return and eventually graduate than were adolescent girls who dropped before becoming pregnant. They also found that the younger the teenage female at the time of first giving birth, the less the likelihood of graduation from high school (Upchurch and McCarthy 1990).

Many people associate teen births with dropping out of school. In fact, between one quarter and one third of all teen mothers drop out of high school before becoming pregnant (Nord et al. 1992). Just over half of all teen mothers complete high school (Maynard 1994), and graduation rates fluctuate along age and racial lines.

Figure II-1

Percentage of Women Completing High School by Age at First Birth and Race

Race/Ethnicity	≤ 17	18-19	20-24	25-29	No birth	
Total						
All Women	54.5	43.3	89.7	95.5	95.5	88.2
White	53.7	74.4	90.4	96.0	96.5	90.3
Black	60.6	75.3	92.7	96.8	92.8	82.7
Latina	36.6	61.4	75.9	86.8	90.1	74.3

Note: Percentages have been weighted using 1986 case weights.

SOURCE: Upchurch, Dawn, and James McCarthy. "The Timing of First Birth and High School Completion," *American Sociological Review*, April 1990, Table 1.

There is much dispute about whether the birth of a child causes teen mothers to drop out of school in significant numbers, or whether other risk factors for dropping out—poverty, education level of parents, school curriculum, substance abuse—are more to blame. Some researchers contend that students still in school at the time of the birth of the child graduate at the same rate as their non-parent peers, although those who had already dropped out prior to giving birth were less likely to return (Upchurch and McCarthy 1990). They find four other significant factors:

- Women who grew up in homes where there were two or more types of reading materials (magazines, books, newspapers) were 20 percent less likely to drop out;
- Women from intact families were 18 percent less likely to drop out;
- Women whose mothers had 12 or more years of education were 33 percent less likely to drop out; and
- Women whose fathers had 12 or more years of education were 15 percent less likely to drop out.

Interestingly, women enrolled in a college preparatory curriculum were significantly less likely to drop out (Upchurch and McCarthy 1990).

Blacks are less likely to drop out of school than whites, and Latinas are the most likely to drop out. In the Latina population, teen birth may have a particularly intense effect on Mexican and Puerto Rican students (Forste and Tienda 1992). It is possible that because Black teens do not view marriage as an economically viable alternative, they return to school in anticipation of being the primary wage earner for their families. On the other hand, marriage has a high cultural value for Latinos, and teen marriage itself is a predictor of high school drop out (Nord et al. 1992). At any rate, the likelihood of graduation is especially low for all Latino teens (Forste and Tienda 1992).

A recent General Accounting Office report found teen mothers 15 percent less likely to have a high school diploma (GAO 1994-115; See Figure II-2). One study indicates that by eliminating teen births, the gap in high school completion between women who give birth as teens and those who do not is narrowed by about 50 percent. The rest of the gap is explained by family background and individual difference (Ahn 1993). Based on the data from two recent large scale programs (Maynard 1993; Quint 1994), it seems probable that for those young women already at risk for school failure, who have dropped out, or were marginally participating in school at the time of their pregnancy, the birth of a child is another obstacle toward finishing school, one which they are less likely to surmount. For those students who were experiencing some kind of success in school, the pregnancy may not be as much of a barrier. Given the data at hand, although the way it works is not well understood, the birth of a baby to an adolescent has some negative effect on schooling (Nord et al. 1992).

Figure II-2

**Proportion With A High School Diploma or Some College Education
Among Women Who Gave Birth as Teenagers and Those Who Did Not**

(GAO 1994)

Furstenberg and his colleagues conducted an analysis of data on teen parents collected over a seventeen year period in Baltimore, Maryland. They found that, during the intervening years, the majority of the teen mothers they began studying in the 1960s had completed school, found employment and did not remain on welfare. Twenty-nine percent of these teen mothers were receiving welfare in year seventeen of the study—as compared with 14 percent to 20 percent of women who delayed birth until after age twenty. These teenage mothers were seen by the researchers as surviving and succeeding at rates higher than might have been expected when the study was begun. However, these women were still experiencing lower success rates than was found among similar women who were not teen mothers (Furstenberg, Brooks-Gunn and Morgan 1987). About 70 percent of women in the Baltimore, Maryland, longitudinal study were found to have completed high school, compared with 86 percent of non-childbearing teens of similar socio-economic status. Grade failure appears to be related to continuing the cycle of teen pregnancy. Thirty-two percent of those who had repeated a grade later became pregnant, as compared with 18 percent of those who had not repeated a grade. (Furstenberg, Brooks-Gunn and Morgan 1987)

Other outcomes

Rather than see school failure in isolation, it is particularly useful in a discussion of welfare dependency to examine the constellation of despair in which these young women find themselves, both before and after their pregnancy. Born poor, they are already at risk for school failure, health problems, unstable marriages, and welfare dependency. Early childbearing imposes yet another hardship into the already hard lives of both the teen and her family, whose resources may already be stretched to the limit providing for existing members (Furstenberg 1991). Once the baby is born, the mother's already shadowed prospects dim considerably. She is less likely to complete high school, is likely to attain less education than her nonparenting friends. She will probably have a larger family, a less stable marriage, a less prestigious and lower paying job, and be more likely to live in poverty and receive government assistance (GAO 1994-115; Moore and Wertheimer 1984). Forty-three percent of all teen mothers are living in poverty five years after the birth of their first child, even if they are living with a spouse or other family member (Maynard 1994). And those teen mothers who complete high school tend to have low basic skills, with one-third of high school graduates reading at the sixth grade level. However researchers measure the variables, teen parenting creates lasting disadvantage for both parents and their children. Even those who interrupt the cycle of poverty in some way find their options in life quite limited. (Furstenberg, Brooks-Gunn and Morgan 1987)

AFDC and Teen Births

Much discussion has taken place about the impact of AFDC on teen birthrates. Some theorists have speculated that AFDC payments have a pronatalist effect, encouraging women from low income families to have babies they might otherwise not by offering financial assistance in the form of a welfare grant and Medicaid (Ferrara 1994). While this hypothesis may have intuitive credibility, no research has yet supported it. Using sophisticated statistical analyses, researchers have examined relative birthrates between states with high and low AFDC benefits (Singh 1986), comparing AFDC and non-AFDC teen births (Acs 1993; Duncan and Hoffman 1990). A negative relationship was found; that is, states with higher payments had lower teen AFDC birthrates (Singh 1986). Other studies have found AFDC grant size to have little impact on childbearing decisions for teenagers. While one study found a slight, though statistically significant, increase in first births, there was no effect on subsequent births (Acs 1993). Far more powerful indicators are student-to-teacher ratios,

community spending on education, and the relative availability of and access to contraceptive and abortion services, including Medicaid funding (Singh 1986). One researcher has also found a positive correlation between higher economic opportunities and lower teen births (Duncan and Hoffman 1988).

Long-Term Earnings

The AFDC system is likely to play a role in the life of a teen mother. Teen mothers are more likely to have incomes below 50 percent of the poverty line (Figure II-3). Adolescents who give birth have significantly lower average earnings (GAO 1994-115; See Figure II-4).

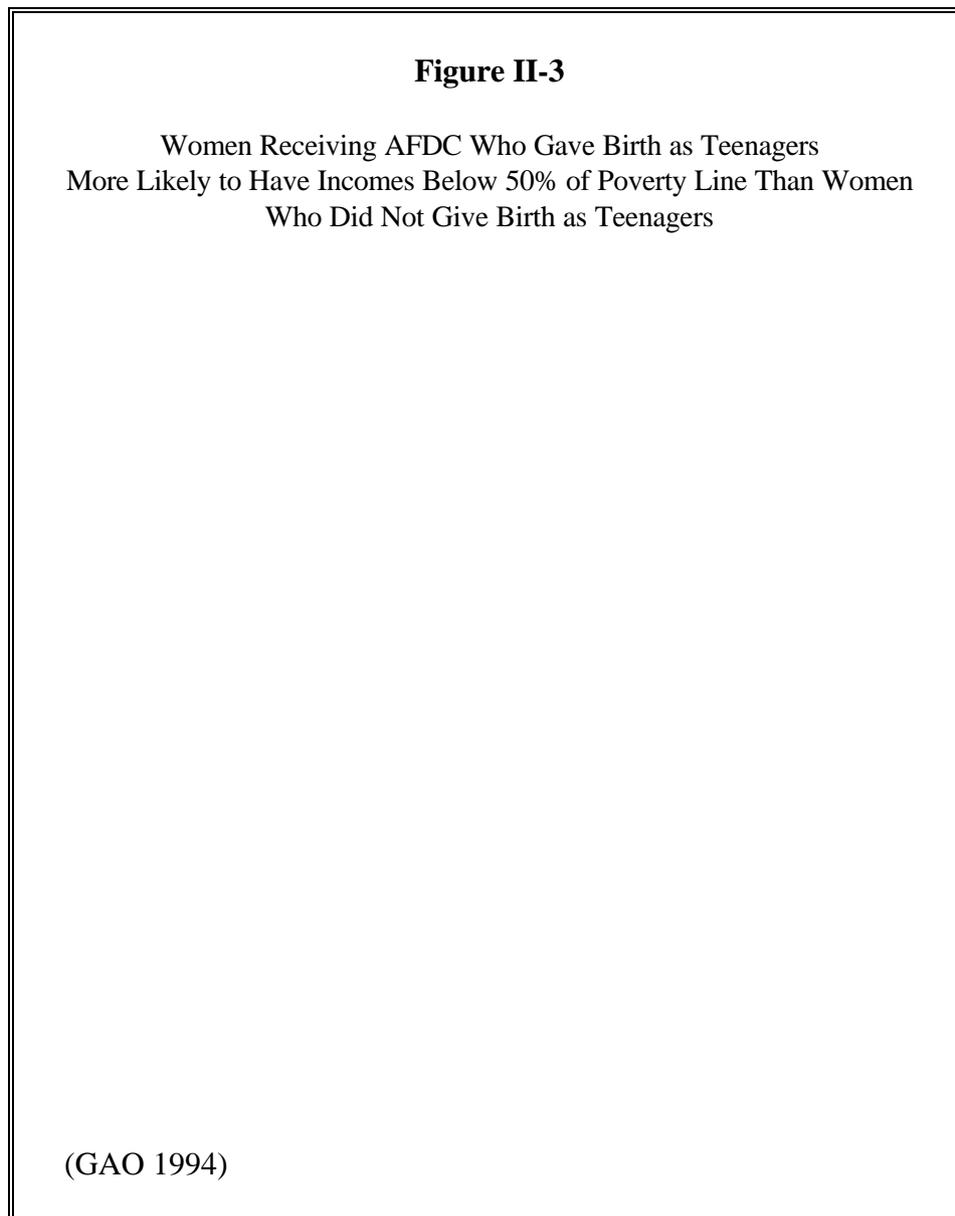


Figure II-4

Average Earnings for Workers Among Women Who Gave Birth as Teenagers and Those Who Did Not Give Birth as Teenagers

(GAO 1994)

There is a great disparity in effect on earnings when they are broken down along ethnic lines. The effect on white and Latina mothers is greatest, while there is no negative effect on earnings for Black mothers. This is probably due to the generally poor labor market opportunities facing young Black women. A teen's initial disadvantages due to poverty are compounded by the birth of a first child during the teen years (Figure II-5). Figure II-6 shows the expected duration of AFDC receipt for young mothers compared with older mothers, and the percentage who will remain on AFDC for at least ten years. The likelihood that a young mother will receive AFDC for over ten years is more than twice that of her older counterpart.

Figure II-5

(AGI 1994)

Figure II-6

Duration of AFDC Spells by Various Characteristics

Entry Path and Demographic Characteristics	Average Spell Length (in Years)	Percent with Spells Lasting at Least 6 Years	
1. Out-of-wedlock birth:			
Age under 30			
White, high school graduate	4.3	19	
Nonwhite, high school graduate	7.7	41	
White, high school dropout	6.2	33	
Nonwhite, high school dropout	10.4	53	
Age over 30			
White	6.1	35	
Nonwhite	8.5	55	
2. Divorce or Separation			
Age under 30			
White, high school graduate	3.1	10	
Nonwhite, high school graduate	5.8	30	
White, high school dropout	4.4	20	
Nonwhite, high school dropout	8.0	42	
Age over 30			
White, high school graduate	3.6	14	
Nonwhite, high school graduate		5.0	25
White, high school dropout		4.9	24
Nonwhite, high school dropout	6.5	34	
3. Earnings fell			
	2.9	9	
4. Other			
	3.2	12	

Source: Mary Jo Bane and David Ellwood, "The Dynamics of Dependence and the Routes to Self Sufficiency" (final report to the U.S. Dept. of Health and Human Services, Urban Systems Research.

(Duncan and Hoffman 1988)

Repeat Pregnancies

The increased likelihood of a second pregnancy during the teen years is an alarming consequence of early teen birth. The Teenage Parent Demonstration (described in Chapter III) examined repeat pregnancy among teens receiving AFDC after the birth of their first child. Figure II-7 shows the repeat pregnancy rate from that study. On the average, 43 percent of the young women had one repeat pregnancy, and 21 percent had two, within three years of the birth of their first child. One-quarter of the young women in the sample were pregnant within one year of the birth of their first child, and half of the group were pregnant again within two years of the first birth. Although the abortion rate for teens in general is quite high, around 60 percent, the abortion rate for a repeat pregnancy following a live birth is dramatically lower, about 16 percent. The live birth rate from this repeat pregnancy is especially high for Latinas, at over 80 percent. In this study, the participants with a second child had poverty rates 11 percent higher than those with only one child (Maynard and Rangarajan 1994). A second child makes it harder for the teen mother to return to school and to get a job.

Figure II-7

**Pregnancies and Their Outcomes
(Percentages)**

	Race/Ethnicity			Total
	Black, Non-Hispanic	Hispanic	Other	
Number of Repeat Pregnancies				
0	36.7	32.1	35.7	35.8
1	42.5	46.1	43.8	43.2
2 or more	20.9	21.9	20.4	21.1
Average number	0.9	1.0	0.9	0.9
Months Until First Repeat Pregnancy*				
6 months or less	12.7	14.0	15.2	13.1
6-12 months	21.1	27.0	23.2	22.3
13-24 months	39.8	38.1	38.4	39.4
25 months or more	26.4	20.9	23.2	25.2
Average number of months	19.4	17.3	17.6	18.9
Outcome of First Repeat Pregnancy*				
Live birth	74.5	81.3	76.4	75.8
Abortion	18.3	10.2	15.0	16.7
Miscarriage/other	7.2	8.5	8.6	7.5
Sample Size	2,580	562	236	3,412

*Sample includes only those with a repeat pregnancy.

SOURCE: Mathematica Policy Research, Inc., Teenage Parent Demonstration Follow-up Surveys administered an average of 29 months after intake and 38 months after the birth of the first child.

(Maynard and Rangarajan 1994)

Another possible contributing factor in the poor outcomes of teen mothers lies in self selection. That is, the teen with enough resources—either emotional, cognitive, financial or familial—may have the skills, tools, or organization to prevent pregnancy or birth. Thus the teens who become parents may be among the least skilled, most disorganized, and most disadvantaged (Nord et al. 1992). The women with the least to lose may be the most likely to have a birth during their teen years (Duncan and Hoffman 1988). This may have long-term implications for the offspring of teen mothers.

Medical Complications

Births to females under the age of 18 are likely to have more medical complications than those of older adolescents giving birth. Teenage mothers are more likely to experience anemia, premature births, and low infant birthweight. Older teens face relatively lower obstetrical risks than younger teens. However, their medical risks are still higher than those of adult women (Zabin and Hayward 1993).

Geronimus (1991), however, found that disadvantaged inner city Black women have a very different experience. Her review of infant mortality data and other statistics found that disadvantaged Black women in their twenties have more adverse medical factors relating to childbirth than do their teenage counterparts. Neonatal mortality (death within the first month of life) is higher for Black mothers experiencing their first birth after age 23 than for most teenage mothers, whether Black or white. Babies born to Black women in their 20s are also more likely to have a low birth-weight than babies born to Black teenagers. The older group of mothers is also more likely to smoke, drink and experience hypertension-related risk factors than are Black teenagers.

Due to lower incomes and single-parent household living arrangements, when compared to the children of older mothers, the children of teenage mothers are more likely to be disadvantaged (Furstenberg, Hughes and Brooks-Gunn 1992).

Consequences to the Children of Teen Mothers

Poverty

In 1986, 84 percent of children under age three who were born to women younger than 21 were living below the poverty line (Achatz 1993). A frequently cited statistic holds that 79 percent of children born to single parents under age 20 live in poverty, compared to 8 percent of children born to married parents over the age of 20 (Annie E. Casey 1994).

Poor Outcomes

Babies born to adolescents face a variety of risk factors themselves. Despite national trends toward higher birthweights in general, these babies are more likely to have low birthweights (Nord et al. 1992). This is probably due primarily to inadequate nutrition and a lack of prenatal care. In general, they display poorer health than the children of older mothers (Figure II-8). They tend to show signs of having been disadvantaged during their early school years, but this is compounded over time, until in their later school years they may demonstrate what one researcher called "massive school failure" (Furstenberg 1991). The children are more likely to repeat a grade and to be doing remedial rather than advanced school work. They also have lower educational expectations (Moore et al. 1978). For each year of school completed by the teen mother, the likelihood of the child repeating a grade can diminish by as much as 50 percent. The chances of a child of an adolescent mother who did not complete school dropping out are increased two to three times (Dorrell 1994).

Figure II-8

(AGI 1994)

School Performance

Educationally, many of these children experience greater than average difficulties in school. At least one-half of these children repeat a grade in school, and nearly half are suspended or expelled. Teenagers whose mothers had the combined risk factors of being on welfare at some point during their childhood, never graduating from high school, and being unmarried were eleven times as likely to have failed a grade as children whose mothers had none of the three factors (Furstenberg, Brooks-Gunn and Morgan 1987).

Risk of Becoming a Teen Parent

By all accounts, children of teen parents are at increased risk for becoming teen parents themselves. Children of teenage mothers are reported to be more sexually active (78 percent) than the children born to older mothers (39 percent). Twenty-five percent to fifty percent of the female children of teen mothers become mothers (Furstenberg, Levine and Brooks-Gunn 1990).

The earlier the mother's age at first birth, the more likely it is that her daughter will have a teen birth (Kahn 1992). According to one estimate, two-thirds of first-time teen parents on welfare have mothers who themselves gave birth in their teen years (Maynard and Rangarajan 1994). Although Black women are far more likely than whites to have a teen birth, the intergenerational connection may be stronger for whites. In one study, daughters of white teen mothers were three times more likely to have a teen birth, whereas daughters of Black teen mothers were only twice as likely to have a teen birth (Kahn 1992). Despite the odds, the majority of the children of teen mothers delay childbearing until after their teen years.

Instability and Depression.

One researcher has found that children born to teen mothers often live as babies in their maternal grandmother's home. This grandmother may form a close attachment to the baby, and is likely to provide the bulk of non-maternal child care. According to this research, sometime during the second year of the baby's life, the mother often changes her residence, either because of a disagreement with her own mother, or because of a second pregnancy. This move represents the loss of the close bond between grandmother and the baby. This study also uncovered a pattern of depression among teen mothers, and subsequent emotional withdrawal from the child. These losses borne by the children of teens may be precipitating factors in the risky behaviors that can lead to a teen birth (Horwitz et al. 1991).

Many attempts have been made to ameliorate the consequences of teen birth. These interventions have targeted health, schooling, and employment. They have met with mixed results. Some of these programs are described in the following chapters.

Consequences for the Family

Care for teen mothers and their babies often falls to the parents of teenage parents and public service providers. They often assume the responsibility of financial support and provide some or all of the child care needed in order that the teen mothers can continue in school. Nearly 42 percent of all grandmothers in this country provide child care to their grandchildren. Black grandmothers are more likely to provide a home and child care to their teenage daughter and her child while she completes

school. Other ethnic groups are more likely to establish separate households, with or without a marital partner. Black grandmothers and their offspring live together 30 percent of the time, while shared residences occur in 9 percent of white families. In the Baltimore study noted earlier, 60 percent of the mostly Black teen mothers were co-residing with their mothers (Chase-Lansdale et al. 1991).

The research suggests that mother-grandmother families are nearly as effective in promoting psychological health as mother-father families. Grandmother child care, as opposed to care provided by a sitter, other relative, or child care center, has been found to be positive, especially for poor white children (Chase-Lansdale et al. 1991).

Consequences for the Father of the Children Born to a Teen Mother

The fathers of children born to teenage mothers are generally not teenagers themselves. They are often adults age 20 and older. Many of these adult fathers do not participate in the formal child support system. In one study of unwed parenting, the researchers found that fathers were required to pay child support in only 50 percent of the cases; of those, only 30 percent actually made full payments (Christensen 1990). There is much not known about the informal support (financial, emotional, and caretaking) these fathers provide; Ms. Theodora Ooms, in her presentation, discusses these issues (see Seminar Presentations section).

Consequences to the Taxpayer

Teenage pregnancy is a cause for public concern not only due to the personal trauma involved, but also because it frequently requires public expenditures. Many teens and their families take care of the monetary costs of teenage pregnancy themselves. However, even for these teens, the pregnancy still impacts public schools, public medical programs, and other public institutions. The economic costs related to teenage childbearing have been hotly debated in recent years. Some researchers have presented evidence that the underlying cause is the extremely poor economic conditions in which many teen mothers were raised. Thus, even if the teen parents had waited until they were twenty to have their first baby, the researchers conclude that these women would have required welfare, had adverse birth complications, and had low earnings. From this perspective, poverty, not early childbearing, is the culprit. Other researchers have shown that regardless of pre-existing poverty, many teenage mothers succeed in avoiding public welfare. In any event, it is clear that many costly and difficult problems for both the mother and her children result from childbearing during the teen years and that these problems can be reduced or alleviated by postponing pregnancy (Burt 1992; Furstenberg 1991; Geronimus and Korenman 1992; Geronimus 1991; Geronimus and Korenman 1993; Lundberg and Plotnick 1990; Reis 1991).

Direct Public Costs

Significant public costs result from governmental expenditures for individuals who go on welfare due to childbearing as a teenager. One-third of teenage mothers actually receive benefits in a single year while still a teenager; the likelihood of receiving welfare decreases each year after the age of 20. One-third of teenage mothers are employed within a year of the birth; within two years of giving birth, two-thirds are working. The estimated cost of AFDC, Medicaid and Food Stamps expenses for families begun by teenage mothers was approximately \$120.4 billion in the United States during the six year period of 1985-1990 (not adjusted for inflation) (Burt 1992).

A recent analysis of 1992 AFDC expenditures in California yielded the following information (Osborne 1994):

- Teenage mothers represented 7.3 percent of the AFDC recipients. Of these, 6.4 percent were age 18 and 19 years.
- Twenty-eight percent of teen mothers were receiving welfare in 1992.
- Forty-two percent of all AFDC recipients were teens when they gave birth to their first child:
 - ~ Forty-eight percent of these mothers were 17 years of age or younger; and
 - ~ Fifty-two percent were 18 or 19 years of age, and thus past school age, when they gave birth.

Indirect Public Costs

Indirect costs related to teenage childbearing include the costs of subsidized housing, child protective services and foster care, child and maternal nutrition programs, childhood diseases and accidents, emergency food, shelter or health care services, special education, expenses to the Medicaid program related to medical complications of teenage childbearing, and the administrative costs of these programs. While these costs are difficult to quantify, they should be considered when evaluating the benefits and costs of programs designed to reduce teenage pregnancy.

CHAPTER III: INTERVENTIONS DESIGNED TO INCREASE SELF-SUFFICIENCY FOR TEEN PARENTS

In 1988 Congress enacted the Family Support Act, legislation that was based on growing governmental and popular sentiment that welfare recipients should be encouraged to take responsibility for themselves and their children. A major provision of the Family Support Act was the Job Opportunities and Basic Skills (JOBS) Program. JOBS gave state welfare agencies wide latitude and various incentives for creating and implementing education, job training, job-readiness, employment placement, and other employment-related activities. Title III of the Family Support Act required that states provide transportation and child care assistance if needed, and extended eligibility for Medicaid for newly employed recipients.

Some of the programs described below were created in the wake of JOBS, and were designed to take advantage of the flexibility offered by the Family Support Act to try to increase the self-sufficiency of teen parents. While designed and implemented differently, these programs share certain features in common. They also face similar challenges. (See Chapter V, Policy Implications for Teen Pregnancy and Self-Sufficiency-Oriented Intervention Programs).

Project Redirection

Project Redirection was an early effort (1980-1985) to provide comprehensive services to teen mothers ages 17 and younger. This community-based intervention program offered extensive social service support, education, training, mentoring, job placement, child care, family planning, and parenting education to 300 volunteers. An evaluation of the program indicates that it reduced the incidence of low birthweight, improved school continuation, and increased school enrollment. There was a modest increase in earnings in the short term. However, these gains disappeared over time. There was also a significant increase in repeat pregnancies, although the size of the sample was too small to draw any broad conclusions. Project Redirection was funded by several foundations in concert with the U.S. Department of Labor, and cost approximately \$6,000 per participant per year to operate.

Job Start

This was a 13-site demonstration operated between 1985 and 1988. Education, job training, and support services were offered to disadvantaged, young school drop-outs, about one-quarter of whom were teen parents. Job Start had a substantial impact on high school and GED completion, but no effect on earnings. This demonstration, which involved about 1,000 participants, also resulted in a statistically significant increase in repeat pregnancies. The funding for Job Start came from the U.S. Department of Labor, with additional support from a wide variety of foundations.

New Chance

The first large-scale, post-JOBS intervention directed toward teen parents, New Chance was a national demonstration program operated between 1989 and 1992 at 16 sites in 10 states. It targeted families headed by young mothers (ages 16 to 22) who had dropped out of school, given birth during their teen years, and were receiving AFDC. The limited education and work experience of the participants put them at high risk of long-term poverty and welfare dependency (Quint 1994).

Figure III-1

The New Chance Model

Target Group

Mothers 16 to 22 years old who: (1) first gave birth at age 19 or younger; (2) receive AFDC; (3) do not have a high school diploma or GED; and (4) are not pregnant when they enter the program.

Treatment

Service Components:

Orientation

Phase I components:

Education: adult basic education, GED preparation

Employability development: career exploration and pre-employment skills training

Health and personal development components: Life Skills and Opportunities curriculum, health education and health care services, family planning, adult survival skills training

Components to enhance child development: parenting education and pediatric health services

Phase II components:

Employment preparation components: occupational skills training, work internships, job placement assistance

Case management

Child Care

Service emphasis: integration and reinforcement in each component of all program messages and skills

Service structure: sequential phases of program activities, relatively long duration (up to 18 months), high intensity, primarily on-site service delivery.

Environment: small, personal programs; warm and supportive, but demanding, atmosphere

SOURCE: Quint, Janet C. et al. *New Chance: Interim Findings on a Comprehensive Program for Disadvantaged Young Mothers and Their Children*. Manpower Demonstration Research Corporation, 1994, Table 1.3.

Participants were enrolled on a voluntary basis. Evaluation data are currently available for outcomes 18 months after mothers enrolled in the program. A final, 42-month evaluation is due in 1996. New Chance offered two phases of implementation (See Figure III-I). During Phase I, the participant's first months in the program, services were primarily delivered on site. After the participant received her GED, or had been in the program for five months, she began Phase II, which was employment-driven. Case managers were expected to monitor their progress and provide guidance and support throughout the 18 months a teen mother might be enrolled. Child care was free throughout the program.

The program was supported by 28 government and philanthropic entities. The operating cost averaged approximately \$6,500 per participant, and child care costs were an additional \$2,600 per participant. The total cost was \$9,100 over an 18-month period, or \$6,066 per year per participant. Case management accounted for about half of the Phase I costs.

The outcomes of New Chance at its 18-month evaluation were disappointing. Compared with the control group, the women in the experimental group were more likely to have obtained a GED, although in actual numbers fewer than half of either group had done so. The experimental group were somewhat more likely to have earned college credits and be enrolled in college. However, the two groups were similar in reading skills, depression, stress, drug use, and health. Women in the experimental group were more likely to have a repeat pregnancy, and were less likely to be using contraception regularly (Fig. III-2). The women in the experimental group were more likely to be living with a boyfriend or husband, and the high repeat pregnancy is attributed to that factor. The two groups shared similarly short job tenures (Fig. III-3).

Figure III-2

**Impacts of New Chance on Fertility-Related Outcomes
At or Within 18 Months After Random Assignment**

Outcome	Experimentals (%)	Controls (%)	Difference
Had one or more post-random assignment			
Pregnancy)	57.0	53.0	4.0*
Planned pregnancy	8.0	6.1	1.9
Unplanned pregnancy	49.5	47.8	1.7
Birth	28.4	26.2	2.2
Abortion	14.9	11.1	3.8
Miscarriage	8.4	9.5	-1.1**
Birth control status at 18 months			
Sexually abstinent, not pregnant	17.8	19.5	-1.7
Sexually active, contracepting regularly	37.0	41.0	-4.0*
Sexually active, not contracepting regularly	30.2	25.2	4.9**
Pregnant	15.0	14.3	0.8
Sample size	1,366	658	

SOURCES: MDRC calculations from New Chance Enrollment Form and survey data.

Significance levels are indicated as: ** = 5%; * = 10%.

FROM: Quint, Janet C. et al. *New Chance: Interim Findings on a Comprehensive Program for Disadvantaged Young Mothers and Their Children*. Manpower Demonstration Research Corporation, 1994, Table 5.

Figure III-3

Job Tenure Among Experimentals and Controls, By Month After the Start of a Job

(Quint 1994)

Phase I, which was intended to help participants procure an academic credential, was modestly successful. However, Phase II, which was designed to help participants get a job, was not. Two points are worth noting about New Chance. First, more than half of the participants never got to Phase II. Phase II was primarily delivered off-site, and required extensive work on the part of case managers to coordinate outside services. Many of the agencies involved did not have the capacity to work with such a complex population. Second, New Chance worked only with women who had already dropped out. As noted previously, these are women who, after the birth of a child, are very unlikely to return to school. Thus, the New Chance population is among the most challenging to work with, and their results demonstrate that this program could not overcome the disadvantage with which these young women started (Ivry 1994).

Elmira Home Visiting Program

Whereas the other demonstrations discussed in this paper are primarily a social service model, the Elmira Home Visiting Program addressed the challenges of adolescent parenthood from a public health perspective. Case management was also central to this program. However, in this program, the case managers were registered nurses. These nurses delivered services primarily through home visits. These visits put the nurses in an ideal position to identify and help change those factors that put young mothers and their children at risk. They focused on maternal health habits, infant care giving, and personal accomplishment in relation to work, education and family planning. The program served 400 young, economically disadvantaged mothers having their first child, 47 percent of whom were teenagers (Olds 1988).

Some of the steps taken by the nurse home visitors included:

- Encouraging women to clarify plans for completing their education;
- Stressing that the decision to return to work or school following the delivery of a child should be made in the best interest of mother and child;
- Helping interested women make connections to appropriate educational and vocational training services, and making plans for child care;
- Advising them in finding jobs and in interviewing skills; and
- Counseling women and their partners in family planning, including a detailed and thorough discussion of birth control devices.

An emphasis on family planning and postponing a second birth was made in the context of the young woman's desire to continue her education, work experience, and to achieve their goals with respect to family size. Family planning was not imposed on couples who articulated a desire for a large, closely spaced family.

Nurses used a detailed curriculum that was individualized for each participant. They carried small caseloads, 20-25 families, from birth until the child's second birthday. They worked in teams of two, each partner backing up the other, so they had a knowledgeable colleague with whom to confer on a day-to-day basis. None of the registered nurses held baccalaureate degrees.

Two striking results in the adolescent subgroup making this small study noteworthy: By the 46th month postpartum, the nurse-visited, low-income, unmarried teen mothers showed an 82 percent increase in employment activity when compared to a control group. In addition, this group showed a 43 percent reduction in repeat births during the four years postpartum. They delayed the birth of their second child an average of 12 months longer. They also returned to school more rapidly than their control group counterparts. It may be that these teen mothers secured their place in the workforce by returning to school quickly and delaying their subsequent pregnancies successfully. Interestingly, teens as a group did not enter the workforce in any numbers until two years after the program, most likely because they were unable to find work until they reached the age of majority. Instead, those who had not graduated returned to school during that time (Olds 1994).

Teenage Parent Demonstration

Although this project, launched in 1986, predates the Family Support Act, it was designed along lines parallel to the current JOBS program. The program operated in two states, Illinois and New Jersey, at three sites (Chicago, IL; Newark and Camden, NJ). Participation by pregnant and parenting teens receiving AFDC was mandatory: 5,297 participants completed intake. One-half were assigned to participate in this demonstration. They received a broad array of services; as described below. The other half were assigned to a control group for the purposes of evaluation, and continued to receive standard AFDC-related services (Maynard 1993).

Pregnant and parenting teens in the demonstration sites were required to:

- Stay in school if they were attending school at the time of enrollment;
- Return to school or enter adult basic education (ABE) if they had already dropped out;
- Enroll in post secondary education if they had completed high school or had a GED;
- Enroll in appropriate skills training program; or
- Seek employment as an alternative to or after completing schooling.

Case management was the primary vehicle for the delivery of services. Case managers were former social service caseworkers who were trained to provide more comprehensive, ongoing services. Compared to their former caseloads, which could number 150, caseloads in the Teenage Parent Demonstration were modest, between 50 and 80 cases per manager. The costs of the program were modest as well, approximately \$2000 per recipient annually.

One of the unique features of the Teenage Parent Demonstration, apart from its mandatory nature, was the use of sanctions to encourage participation. When young mothers failed to comply with the requirements of the program, including enrollment, their case managers first warned, and then sanctioned them. The sanction constituted a considerable reduction in their monthly grant. In Chicago, the sanction was \$166 out of an average monthly grant of \$268; in New Jersey, the sanction was \$160 out of an average \$322 monthly grant. Sanction warnings tended to be more effective than the sanctions themselves. Evaluators consider the sanctions crucial to the success of the program for a less than obvious reason. They attribute the power of the sanction not as much to its ability to motivate participants, but to its ability to motivate caseworkers, who persevered with clients to achieve compliance in order to avoid having to penalize them (Maynard 1994).

Figure III-4

Poverty Rates At Follow-up

(Maynard 1994)

Unfortunately, the results of the Teen Parent Demonstration are similar to New Chance. There was a 12 percent increase in general school participation over the control group. There were modest gains in job training and employment. There was a modest rise in earnings, but it was completely offset by the corresponding drop in AFDC or Food Stamps, resulting in no net gain to participants. Figure III-4 shows the poverty rates at follow-up for the experimental (enhanced services) group versus the control (regular services) group. As this figure demonstrates, the only real economic gains made were by those who obtained employment, and the experimental group lagged behind controls in this regard. Once again, there was a small, but significant, increase in repeat pregnancies and second births.

Some of the disappointments of the Teenage Parent Demonstration, as well as the shortcomings of other models discussed in this chapter, are related to systemic dysfunction in the public infrastructure serving youth in these communities. The educational opportunities available to young mothers are limited and often poorly programmed. Public schools often can not or do not commit the remedial resources necessary to bring this special population along. Adult Basic Education (ABE) programs are usually designed for older learners and may not meet the developmental needs of teens. Training options are particularly poor for non-English speaking adolescents. Regulatory barriers exist to young mothers participating in many programs. They may not meet the various age and educational requirements mandated by states or local jurisdictions (i.e., minimum ages for GED completion, maximum ages for participation in alternative settings, parental waiver requirements). In addition, the extremely disorganized lives of these young families, partly brought on by the AFDC requirement that they live separately from their families, make family planning very challenging. Furthermore, without

consistent housing and supervision, many adolescent mothers cannot get enough control over their lives to effectively practice birth control (Maynard 1993, 1994).

Ohio LEAP

Ohio's Learning, Earning, and Parenting (LEAP) program has been operating in 12 counties since 1989. The program requires teens receiving AFDC who are still in school to attend regularly, and those who have dropped out to return to school or pass their GED. LEAP provides case management, transportation, and child care assistance, while relying on the educational system to provide other necessary services. The direct cost of LEAP varies, but during the four-year evaluation period in Cleveland, it was approximately \$537 per teen per year, or a total of \$651 per teen over the average 21-month spell in LEAP. The bulk of this cost was in case management and child care. This does not cover the cost of educational services, which were borne by the educational system and varied widely depending on the needs of individual teens (Long 1994).

LEAP is distinctive for several reasons. Along with the sanctions as imposed in the Teen Parent Demonstration, it offers teens incentives in the form of bonuses added to their AFDC grants. The sanctions and bonuses are tied to program and school enrollment and attendance. A compliant attendance record (2 or fewer unexcused absences, four or fewer total absences for high school per month) earns a monthly bonus of \$62. Failure to meet attendance requirements is sanctioned by a \$62 reduction in the monthly AFDC grant. Given the average \$274 award, this is a 30 percent reduction. Teens have several opportunities to challenge the sanction once it has been initiated by the case manager, so there is a three-month lag between the month of attendance and the corresponding bonus or sanction. A teen may be temporarily exempted from LEAP during the last seven months of pregnancy, if she is caring for a baby less than three months old, is unable to obtain transportation or child care, or for other specified reasons. Because the number of sanctions is equal to or exceeds the number of bonuses paid, this part of LEAP is cost neutral. However, the costs of establishing the computerized tracking system used for following attendance and grants were considerable.

LEAP participation ends with the completion of high school or GED. It has no job-training component and no comprehensive case management services that might include health, parent education, or housing assistance. It is a narrowly focused program with clear objectives.

In the most recent evaluation, at the end of its third year, LEAP was found to have a small but significant impact on high school attendance during the first two years, but an insignificant impact on attendance during the third year. Some of this drop-off is attributed to the small increase in GED attainment. The combined rates for high school completion and GED attainment were 5.6 percent over control groups, but the actual percentages of young women completing either high school or GED were less than 25 percent for both groups. LEAP was more successful in motivating teens already enrolled to finish school than in bringing back in those teens already outside of the school system. LEAP had no significant effect on that population. (See Figure V-5.)

Figure III-5

Third-Year Impacts of LEAP on High School and GED Completion For Teens In the Cleveland Sample, By School Enrollment Status At Random Assignment

(Bloom 1994)

Figure III-6 shows the cumulative sanction activity for Cleveland teens in LEAP. Sanction activity changed over time. Initially, participants earned more bonuses than sanctions, but as their length of participation increased, they earned more sanctions than bonuses. There are several explanations offered for this. Those who completed school or GED early in their LEAP tenure would be eligible for neither sanctions nor bonuses following completion. Others who enrolled early in school and then dropped out, would have received bonuses initially and then only sanctions. Some who were initially exempt due to pregnancy might have had neither sanctions nor bonuses at the beginning, then only sanctions if they refused to comply when their exemption ended. Among the 68 percent of teens who ever qualified for sanctions, there were an average of about 9 sanctions requests during their LEAP tenure. Forty-five percent of them qualified for 9 or more sanctions, and 24 percent never received a bonus. This high rate of sanctioning indicates that LEAP's incentive structure is ineffective in changing the behavior of teen parents.

Figure III-6

Bonus and Sanction Requests for 100 Typical Cleveland Teens in LEAP

(Long 1994)

CHAPTER IV: NEW WELFARE REFORM INITIATIVES RELATED TO TEEN PARENTS

Teen parent participation in school or work participation is federally mandated by JOBS (see Chapter III). However, the implementation of teen parent programming looks different in many states. The Clinton Administration has encouraged states to apply for federal waivers to target their programs appropriately, and to execute bold options. Many states have aggressively sought such waivers and designed programs intended to change the way both welfare officials and recipients think about government assistance.

Wisconsin's Learnfare

This program is the oldest ongoing welfare reform effort directed toward teen parents. Begun in 1988, it predates President Clinton's welfare reform efforts. However, because of flaws in an early, controversial evaluation, no evaluative data have been released. A new evaluation was commissioned from Wisconsin's Legislative Audit Bureau, an independent evaluator, in the Spring of 1994, and the sample pool (experimental and control) was established in January 1994. The first report from evaluators is anticipated in June of 1996.

In many ways, Learnfare looks like many other JOBS-funded programs. Teens receiving AFDC are required to attend high school or alternative programs, with no more than three unexcused absences per month. Teens with excessive absences are essentially deleted from their family's grant for each month of noncompliance, a sanction of approximately \$130 per month. All drop-outs may be sanctioned regardless of previous attendance. As in many such programs, case management is relied upon to identify teens at risk and help to link them to ameliorative services. Funds are allocated for child care and transportation.

Learnfare applies to approximately 26,000 teens in Wisconsin, about 3,600 of whom are teen parents. According to Wisconsin's records, they are consistently sanctioning approximately 3 percent of eligible teens, leading them to conclude that 97 percent of their teens are in school or have a good reason not to be. However, the decision to track the attendance of a teen is made when the case manager opens the case and is based on prior school attendance records. If a teen has had ten unexcused absences in the previous semester, their attendance is tracked. This is accomplished by submitting a list of tracked students to their districts, whom in turn submit an attendance report to the state. Of the 26,000 students subject to Learnfare, 3,345 teens, or approximately 13 percent, are monitored. Their figure of 97 percent compliance is based on the sanctioning of 864 of the *monitored* teens. This means that over 25 percent of monitored teens are sanctioned. It is difficult to determine from this protocol how many unmonitored, essentially un-case managed teens are at risk for school failure or have already dropped out, since the state is not following their progress.

This year, Learnfare was extended in four counties to include 6- to 12-year-olds in a phased-in process. These children will also be subject to sanctions, but only when their assigned case worker feels the family is not cooperating with efforts to improve attendance. This component of Learnfare will also be evaluated by the Legislative Audit Bureau.

Another component of Wisconsin's teen welfare reform is the Parental and Family Responsibility Initiative. Implemented just this year, it is designed to establish incentives for low-income youth to delay pregnancy and parenting, to finish school, to work, and to be financially and socially responsible parents. Its key aspects are:

- Eligibility is expanded to include married teen parents with no work experience. This is an attempt to make marriage a viable alternative to single, pregnant teens.
- Allowable income for working teens on AFDC is increased; they will be able to retain the first \$200 of their earnings (versus \$30 currently) and one-half their additional earnings (versus one-third currently), as an incentive to work.
- Grant increases will be half the normal rate for a second child born while on AFDC (\$38 vs. \$72/month increase), with no grant increase for subsequent children. Figure IV-1 shows the revised grant amounts available under this initiative. Often called a family cap, this is intended to provide an incentive to teens to restrict the number of births while on AFDC.

Figure IV-1

Wisconsin Parental and Family Responsibility Initiative

Proposed Single Parent Maximum AFDC Benefit

Children in AFDC Family Proposal	Current Policy	Revised
1 Child	\$440	\$440
2 Children	\$517	\$478
3 Children	\$617	\$478

Proposed Two Parent Maximum AFDC Benefit

Children in AFDC Family Proposal	Current Policy	Revised
1 Child	\$517	\$517
2 Children	\$617	\$555
3 Children	\$708	\$555

Source: Wisconsin Department of Health and Social Services

Utah's Welfare Reform Demonstration

In contrast to Wisconsin, Utah has chosen to implement welfare reform on a much smaller scale. This demonstration is currently being run in three locations. One of these locations, within Salt Lake County, is being evaluated by the University of Utah's Social Research Institute. Utah received a total of 48 waivers from the Federal Government in its design of this demonstration. They have worked to

eliminate the eligibility inconsistencies between entitlement programs like AFDC and Medicaid. Approximately 2,150 participants are assigned to control and experimental groups receiving, respectively, normal AFDC services and a different type of assistance which is described below. Although this effort is aimed at all AFDC recipients, it includes special programs for teen parents.

Utah chose to change the culture of welfare in the state, from both within government offices and for their clients. The motto of this effort is, "Fix the system, not the people." One goal is to shift welfare from an income maintenance program to an employment program. The emphasis is that families must learn to manage their lives effectively when moving between job loss and back into employment. Another goal is to increase family income, both by employment and child support. The evaluation will seek to determine if families are better off after participation in the demonstration.

Changes in Intake

Rather than the standard eligibility interview for traditional AFDC programs, the first meeting between a family and a case worker consists of a self-sufficiency interview. The information from this assessment is used to design a contract between the participant and the case worker to measure his or her progress toward self-sufficiency. There is universal participation with no exceptions. However, "participation" is widely defined. For example, a pregnant teen would be required to participate, even late in her pregnancy, but her participation would be appropriate to her immediate needs. These might include attending childbirth classes and prenatal check-ups. Teen parents who are part of their parent's caseload are required to participate.

Special Program for Teen Parents

Parenting teens are given more latitude. Case managers encourage teen parents to attend school, but this is done within the context of setting goals. Teens are counseled to identify their goals and are presented with an array of options for achieving them. The teen parent is responsible for making the decision and formulating the plan. If she chooses not to, or does not adhere to her plan, her grant will be reduced by \$100 a month until she chooses to participate once again. There is no time limit established for this process, and the grant is reduced until the teen comes forward to work it out. There is a process of mediation prior to reduction.

Case Management

In this demonstration, case managers are called "self-sufficiency counselors." These case managers are not social workers, although some of what they do is social work. Their caseload is supposed to be a maximum of 74. They are currently working with caseloads of around 50. Those families at highest risk or who are truly dysfunctional also meet with a state psychiatric social worker. This extra support makes the larger caseloads possible.

Transitions

As families are moved off AFDC into employment, they can retain up to 24 months of transitional food stamps and Medicaid. This is intended to make self-sufficiency more achievable, especially for families who may move into jobs with low pay and limited or no benefits.

Cal-Learn

In 1993, in response to the federal call for welfare reform, California enacted the California Work Pays Demonstration. Within this initiative is Cal-Learn, designed to encourage and assist teen parents who are on AFDC to stay in, or return to, school until graduation.

Cal-Learn uses a combination of benefits and sanctions. Unlike other programs discussed above, Cal-Learn's benefits and sanctions are tied to grades, rather than attendance or participation. The participant is required to submit a report card at whatever grading interval is appropriate to her program (i.e., quarter, semester, etc.) to her case manager. A grade average of C or above entitles the recipient to a \$100 bonus for the grading period; an average of D is considered sanction neutral, resulting in neither sanction nor benefit; and an F average results in a sanction of \$100 for the grading period. These benefits and/or sanctions are applied to the family's grant, regardless of whether the teen or her mother is considered the head of the family. In addition, there is a one-time bonus of \$500 at graduation, provided the participant is under age 19 when she receives her diploma or GED. This bonus is paid directly to the teen parent.

Cal-Learn provides a variety of exemptions and deferrals to accommodate difficulties in obtaining child care and transportation; illness, injury, and postpartum recovery; and lack of available services. Exemptions apply to events of over three months' duration, and case management services are suspended during that time. Deferrals apply to events of less than three months' duration, and case management services are offered, although support services are suspended.

California has a history of programs for adolescent mothers. Much of the structure of the case management component is based on the goals for the Adolescent Family Life Program (AFLP), now implemented in 38 sites in 32 counties. These goals are:

- Adolescent women, their partners, and their children will be served by effective, comprehensive networks of local programs and agencies.
- Adolescent women, their partners, and their children will be supported through continuous case management in developing a sense of themselves as worthwhile, capable persons.
- Relationships among adolescent women, their families, and their social support networks will be healthy and mutually enhancing.
- Adolescent women and their partners will make use of health care resources to achieve and maintain optimal physical and mental health for themselves and their children.
- Adolescent women and their partners will make healthy lifestyle decisions for themselves and their children.
- Adolescent women will deliver healthy babies.
- Adolescent women and their partners will develop educational and/or vocational goals for themselves.
- Adolescent women and their partners will plan for subsequent pregnancies in order to reduce unintentional pregnancies.

The caseload in Cal-Learn, like AFLP, is set at 35-40 cases per manager. In communities where AFLP is already operating, the AFLP agency will provide case management for Cal-Learn enrollees. Case managers are required to meet with teens monthly and to review their plans quarterly.

Cal-Learn is scheduled to be implemented on a wide scale this fall, 1994. Some agencies working with pregnant and parenting adolescents have raised concerns about Cal-Learn. Agencies will be reimbursed at the rate of \$1650 per client for implementing Cal-Learn. However, no phase-in monies were allocated. Thus, local agencies will have to absorb most of the start-up costs of training new case managers and phasing in their case loads. Finding the participants themselves is anticipated to be a difficult task, since many teen mothers are nested in their own mother's cases, and therefore may not appear on a state printout of adolescent parents. Finally, Cal-Learn was developed without any widespread participation of school districts. Thus, although the program is based on educational performance, educators themselves had little input into its design.

Governor Wilson also proposed other reforms targeting teen parents. They include additional family planning assistance for parenting teens and their siblings and a Wed-Fare initiative, making it possible for teens to marry and retain their AFDC and other entitlement benefits during their transition to employment.

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CHAPTER V: POLICY IMPLICATIONS FOR TEEN PREGNANCY AND SELF-SUFFICIENCY-ORIENTED INTERVENTION PROGRAMS

Facing what could be described as a national crisis of teen parents and their children mired in poverty and dismal outcomes, legislators and architects of social policy have begun ambitious efforts toward ameliorating the effects of adolescent births. The positions promoted by elected officials in relation to this complex problem have relied on commonly held values and goals for children and adults. Their dialogue has had a great effect on the development of welfare reform demonstrations around the country. Although these programs are designed and implemented differently, they have some aspects in common. It is useful to compare the designs of these programs with the evaluations of past efforts, and to recent research into the outcomes related to teen birth.

High School Graduation and GED Completion

Most initiatives, working on the premise that high school graduates have better employment and earnings futures than drop-outs, emphasize school attendance and completion. From the large-scale New Chance and Teenage Parent Demonstration, we know that if a teen is already in school at the time of birth, there is a strong likelihood that she will stay in school following the birth (Maynard 1993; Quint 1994). We also know that we can boost that likelihood significantly through a variety of support services including comprehensive case management, child care and transportation assistance. We have learned, from these studies, that it is much more difficult to get the parent who has already dropped out of school at the time of birth back into school successfully. This group probably represents the greatest risk for long-term AFDC dependency, lifelong low earnings, and intergenerational transmission of poverty. So far, efforts to reweave these young women into the fabric of school have, at best, been mixed.

As new programs are designed to enhance retention and graduation rates, these challenges must be acknowledged. One of the most significant lessons learned by past efforts in relation to academic success is that too few high quality programs exist for students with the complex needs of teen parents (Maynard 1993, 1994). As noted earlier in this report, the children of teens are at risk for abuse, neglect, poor health, and school failure themselves.

To reduce the high risk of poor outcomes for both the teens and their children, they require accessible transportation and high-quality child care. Because the teens tend to have poor academic skills, they also require well-monitored, well-designed remedial curricula. Even a high school diploma cannot significantly improve the employment prospects for an adult with less than a sixth grade reading level. These teens also require comprehensive health services, both physical and mental, to offset the disadvantages of poverty and early childbirth and delay subsequent childbearing. These services must include family planning, well child care, and counseling.

They require knowledgeable case management to bring all the elements that underpin successful schooling together, by a professional whose case load is manageable. The likelihood of finding these components in an urban school setting during these days of diminished budgets is slim. Instead, AFDC staff working with teen parents struggle to assemble a patchwork of comprehensive, alternative, ABE,

and special needs programming to meet the complicated demands of their clientele. Mandating school attendance may not be successful if the school itself has neither the programming nor the resources to serve the most at-risk teens.

Repeat Pregnancies

We know disadvantages of a first teen birth are compounded, for both mother and child, by birth of a second child (Nord et al. 1992). Nevertheless, we have been unsuccessful in demonstrating, on any large scale, a protocol for prevention (Maynard and Rangarajan 1994). Indeed, many interventions have raised the repeat pregnancy and birthrates. The Elmira Home Visiting Program, which was narrowly targeted and has not yet been replicated, was unusually successful in its efforts to reduce the rate of repeat teen pregnancies (Olds 1988). It is possible that the design, specific to its population, may be its key to success, and that wider-scale efforts may be too broad to be effective in special populations.

The most common current legislative answer to the repeat pregnancy problem is a family cap on benefits, whereby grants remain static when additional children are born. Although the idea of eliminating benefits for subsequent births seems intuitively antinatalist, no research has yet demonstrated this effect. However, there is a large body of research that finds AFDC benefits have little or no effect on family size (Acs 1993; Singh 1986). Because already thin resources will be stretched a bit farther at the birth of a new baby, the family cap may have the unintended result of worsening outcomes for children of teens. Chief among them are poor health and school performance.

Marriage

Another popular effort is to remove AFDC regulatory barriers to marriage in an effort to lessen the rate of single parenthood among teens. Since AFDC is believed to have a negative effect on marriage, this is probably an effective way to address illegitimacy. However, marriage for teens carries many risks that must be acknowledged by policy makers. Teen marriage raises the high school drop-out rate for mothers and fathers, it increases the likelihood of a rapid second birth, and finally, teen marriages are inherently unstable, and frequently end in divorce. Thus, although the societal goal of raising children in two-parent families may be met in the short run, these families are probably at compounded risk for AFDC dependence, since the three primary factors linked to such reliance--school failure, subsequent birth, and divorce--are all present (Nord et al. 1992).

Sanctions

Financial sanctions and/or benefits are being used as incentives for adolescent compliance. In the case of the Teenage Parent Demonstration, the sanctions were effective in raising compliance levels. Rebecca Maynard (1994), the evaluator of that program, has stated that the chief role of sanctions in the Teenage Parent Demonstration was in motivating case managers, *not* teen parents. She believes that in an effort to prevent their client's sanctions, case managers persevered in unusual ways to achieve compliance. This says more about the culture of AFDC staff than about the behavior of teens. The sanctions in Ohio LEAP have been ineffective (Long 1994).

Architects of welfare reform targeting teens might do well to consider adolescent psychology. Mandating compliance and sanctioning noncompliance frequently results in rebellion among adolescents, who are developmentally inclined to be oppositional to authority (Carrera 1994).

Moreover, because of bureaucratic delays and the necessary process of fair hearings, the sanctions are usually delayed by 90 days or more. Thus, the immediacy of the punishment, or praise, is lost. These teens, who have a proven inability to grasp long-term consequences or accept delayed gratification, may not learn best by this approach.

Fathers

The complicated, challenging issue of fathers is almost completely overlooked in welfare reform efforts. Those initiatives targeting case-managed interventions speak directly to teen mothers. The fathers are addressed most commonly by child support legislation, requiring them to take financial responsibility for their children by reimbursing some of the costs of AFDC.

Some factors must be considered here. First, 70 percent of fathers of babies born to teen mothers are over age 20 (California Family Impact Seminar 1994). In some cases, this statistic should underline the fact that many teen mothers are victims of sexual abuse, and the perpetrators should be prosecuted as such. Statutory rape laws are widely ignored in these cases, largely because the young mother often declines to testify on her own behalf. Eloise Anderson, director of California's Department of Social Services, has said, "If these were adult guys messing with boys, the state would be standing on its head. Why don't we have the same outrage when an adult male is having a sexual liaison with a girl?" (Perkins 1994)

However, since the bulk of teen pregnancy rates come during the later teen years, some couples are following normal dating patterns for Americans, where males tend to be older than females. Perhaps most importantly, though, from the perspective of parental responsibility, many of the fathers of these babies, teens or not, are disadvantaged by the same circumstances as their partners. The same factors that lead to AFDC dependence and low earnings for adolescent girls and young women are in play for young men. Poverty, school failure and unemployment do not make for regular child support payments.

In reducing a father's disposable income through wage garnishment, the state may inadvertently increase the young father's absence from his child's life. Since a father's role may be one of provider of material goods -- diapers, clothing, toys -- to the mother's household, the elimination of his ability to directly fulfill that role may reduce his status in her eyes (Achatz 1994). Because only a small amount of his garnished wages are passed on to the teen mother (a maximum of \$50), she experiences little material benefit from his child support payments. The state receives some reimbursement for her AFDC. But by creating a disincentive for his employment, the state may end up by reducing revenues in the long run, as well as increasing the instability of the parenting partnership in the life of the child.

One proposed alternative to the current system of child support enforcement comes from Public/Private Ventures, which has run one of the few unwed father demonstrations in the nation. They suggest that, instead of beginning the accumulation of child support debt with the acknowledgment of paternity, unwed fathers should be offered, or mandated, educational assistance or job training, and that their debt be deferred until that education or training is completed. This would be something like the programs for teenage mothers, whose school attendance and performance is mandated and sanctioned. Unwed teen fathers do in some situations provide informal support, such as child care, and child support awards could be structured flexibly to account for this type of in-kind payment (Ooms 1990).

Prevention Versus Intervention

The most effective way to keep teen mothers off AFDC is to keep them from becoming mothers at all. In 1984 Kristin Moore and Richard Wertheimer created seven computer simulations that describe the outcomes of a variety of interventions on teen birthrates and AFDC dependency. The seven outcomes scenarios were:

- Scenario 1: Baseline. Current trends continue.
- Scenario 2: No births to unmarried women under age 18.
- Scenario 3: 50 percent fewer births to women under age 20.
- Scenario 4: 50 percent fewer births to women under age 18.
- Scenario 5: Smaller completed family size (subsequent births minimized).
- Scenario 6: Increased probability of marriage.
- Scenario 7: Increased education (drop-out rate the same as nonparenting teens).

Figure V-1

**Number of Women Aged 20 - 24 and 25 - 29 receiving AFDC
Payments in 1990, Under Seven Scenarios**

(Moore and Wertheimer 1984)

Figure V-1 shows the affect on AFDC, Medicaid, and Food Stamps in this model. Most of the current welfare reform efforts fall into Scenario 7, reducing the rate of school failure. But in this simulation, this proved to be the *least* effective program. The earning potential for women, even as high school graduates, is much lower than that of men. The researchers speculate that even increased education was not enough to pull young women from poverty in large numbers. The scenario with the largest impact in reduced AFDC usage and teen births was Scenario 3, 50 percent reduction in the teen birthrate. This was more effective than the other prevention strategies, largely because of the demographics of teen births. The researchers conclude that the three preventative strategies (Scenarios 2-4) had the effect of decreasing transfer payments by 12 to 25 percent, while the ameliorative strategies (Scenarios 5-7) reduced payments by 4 to 17 percent.

All six of the strategies had some effect and should be pursued by educators and policy makers. But the most successful efforts by far were those aimed at preventing teen pregnancies. These data indicate that, in the attempt to reduce AFDC dependency, it may be more effective to reduce the number of young women giving birth than to improve their circumstances after that birth has taken place.

Much work has gone into primary pregnancy prevention and much has been learned. Although some inroads have been made, the newly rising teen birthrate indicates that ground is being lost and that time is not on the side of policy makers. Research shows that the availability of family planning clinics and the accessibility of abortion reduces teen birthrates. However, in many states and communities, legislatures and local government officials are working to make these services less available to teens. While Americans may not be comfortable with the high rate of teen abortion, or with abortion in general, its availability does decrease the rate of teen births.

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SEMINAR PRESENTATIONS AND HANDOUTS

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TEEN FAMILIES AND WELFARE DEPENDENCY

MONDAY, OCTOBER 24, 1994
8:30 A.M. - 11:00 A.M.
STATE CAPITOL, ROOM 4203
SACRAMENTO, CALIFORNIA

AGENDA

- 8:30 - 9:00 A.M.** *CONTINENTAL BREAKFAST*
- 9:00 - 9:10 A.M.** *WELCOME, INTRODUCTIONS AND SEMINAR OVERVIEW*
Anne Powell, M.S.W.
Director, California Family Impact Seminar
- 9:10 - 9:25 A.M.** *STATE-LEVEL TEEN PARENT-RELATED WELFARE REFORM EFFORTS*
Nancye Campbell
Administration for Children and Families
U.S. Department of Health and Human Services
Washington, D.C.
- 9:25 - 9:40 A.M.** *THE EFFECTIVENESS OF WELFARE-ORIENTED TEEN PARENTING
INITIATIVES AND PROGRAMS: THE OHIO LEAP DEMONSTRATION*
David Long
Manpower Demonstration Research Corporation
New York, NY
- 9:40 - 9:55 A.M.** *THE RELATIONSHIP BETWEEN ILLEGITIMACY AND WELFARE
DEPENDENCY*
Patrick Fagan
The Heritage Foundation, Washington, D.C.
- 9:55 - 10:00 A.M.** *THE ROLE OF THE MALE IN THE ISSUE OF TEEN PARENTING AND POLICY
ISSUES*
Theodora Ooms
Director, Family Impact Seminar, Washington, D.C.
- 10:10 - 10:20 A.M.** **BREAK**
- 10:20 - 11:00 A.M.** **QUESTION AND ANSWER PERIOD**

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SPEAKER BIOGRAPHIES

Nancye Campbell

Nancye Campbell, Program Analyst for the Office of Policy and Evaluation in the federal Administration for Children and Families (ACF), has been involved in the evaluation of federally funded public assistance programs for 16 years, with a special focus on programs involving teenage parents for the last eight years. She was the Federal Project Officer for the Teen Parent Demonstration which involved a research sample of almost 6,000 teen parents on AFDC in three sites and is currently the Project Officer for a new multi-site demonstration sponsored by ACF involving the addition of specialized home visitors to teen parents required to participate in the JOBS program. Prior to joining the federal government she was employed as a research associate with a social services evaluation consulting firm and has prior experience as an Eligibility Supervisor in a local welfare agency.

Patrick F. Fagan

Patrick Fagan is the Senior Policy Analyst for Family and Culture at the Heritage Foundation. He is a native of Ireland, where, after teaching in grade school for two years, completed his undergraduate studies in sociology and his graduate degree in psychology, at University College Dublin.

In 1971 he went to Canada to gain experience in clinical psychology. There he worked in individual, marital and family therapy. He assisted two community psychiatric teams and was on the training staff of the Montreal Jewish General Hospital where he supervised family physicians from McGill Medical School in family intervention work. He also taught part time at the college level for three years.

In 1976 he came to Washington, D.C. to pursue further studies in psychology and in 1984 shifted into the field of family and public policy. He has worked at the Free Congress Foundation, on the staff of Senator Dan Coats of Indiana, and was Deputy Assistant Secretary for Family and Community Policy at DHHS in the Bush Administration.

David Long

David Long is a Senior Research Associate at the Manpower Demonstration Research Corporation (MDRC), an independent nonprofit organization in New York City which designs, manages, and evaluates social programs. He is the research director of the Self-Sufficiency Project, which is testing the effectiveness of an earnings subsidy for welfare recipients in Canada. Mr. Long also directs MDRC's evaluation of Ohio's LEAP program, which provides financial incentives to teenage parents on welfare to attend school, and plays major roles in several other MDRC projects. In addition, he oversees the benefit-cost assessments of all the programs MDRC Evaluates.

Mr. Long is the author of numerous publications on benefit-cost analysis, public policy making, and program evaluation. He was a staff member at Mathematica Policy Research in Princeton, New Jersey, before moving to MDRC in 1986.

Theodora Ooms

Theodora Ooms is a social worker and family therapist who has been director of the Family Impact Seminar (FIS) Washington, DC since 1982. She has had twelve years of clinical and administrative experience, first at the Yale Child Study Center and then at the Philadelphia Child Guidance Clinic. Ooms has worked at the Family Impact Seminar since 1976. She has conducted specific policy-related studies in adolescent pregnancy, unwed fathers, and the relationship between families and schools. In 1988, the Seminar launched a series of monthly policy seminars on a wide range of family issues on Capitol Hill for federal congressional and executive branch staff. Her organization has provided seminars focused on strategies to reduce family poverty, and comprehensive, collaborate, family-centered service reforms at state and local levels. In addition, FIS is now providing technical assistance to a National Network of State Family Policy Seminars to be held in state capitols based on the FIS federal seminar model, and, in 1994, began a series of Roundtable meetings designed for federal policy officials on implementation of the Family Preservation and Support Services Act. This series is being designed in collaboration with an advisory group including officials from ACYF.

Ooms has edited and co-authored several books and monographs and has published numerous chapters and articles. She is the principle author of the Family Impact Seminar's background briefing reports that accompany the federal seminar series. She is co-editor with Robert Lerman of *Young Unwed Fathers: Changing Roles and Emerging Policies*, published in 1993 by Temple University Press.

SPEAKER PRESENTATIONS AND HANDOUTS

M. Anne Powell, M.S.W., CAFIS Director

Introductions and Welcome

Good morning. Welcome again to the State Capitol and today's seminar. This is our last seminar of the 1994 seminar series. We are very pleased not only with the wonderful turnout, but also with the very high caliber of the panelists who will address us today. We are pleased also to share with you the draft of the background briefing report today that covers issues of pregnancy prevention as well as issues of teen parents and welfare dependency.

I want to acknowledge the work of the Alan Guttmacher Institute who recently completed a detailed analysis of California teen pregnancy trends and characteristics. It is included as Chapter I of the California Family Impact Seminar report, *Teen Pregnancy in California: Effective Prevention Strategies*, and provides very interesting data about teen pregnancy in California.

We have a lot of ground to cover in a very short time so I'll just make a few quick remarks before we begin. First of all, today's presentations will focus on the issues affecting teen families, particularly welfare dependency.

For those of you who haven't seen People magazine, it couldn't have been better timing for us. The cover story is on Teen Pregnancy. California ranks 50th in the nation in teen pregnancy problems, so I hope this will be the beginning of a long and productive dialogue in California on this critical issue.

As is pointed out in the Guttmacher data analysis, the problem of teen pregnancy in California is focused primarily in the inner cities and Central Valley counties and mostly affects those in poverty and of color.

The question that is often raised when we talk about teen pregnancy is, what is the problem here? Looking at caseloads, only a small percent of the AFDC caseload are teen mothers, but about half of that caseload is a result of teen births. So it is in fact a very serious problem. There is a lot of debate as to whether these teens would still be on welfare if they would have delayed giving birth until age 20. On the other hand, as you'll hear today, there is some degree of harm that is caused by an earlier birth of children. I think that at best we would want to develop programs that prevent teen pregnancy. We will need to find ways to deal with teen childbearing as well. And that is our focus today.

Nancye Campbell

Nancye Campbell is from the US Department of Health and Human Services' Administration for Families and Children. She oversees all of the interrelated welfare reform efforts throughout the country. She is very knowledgeable about what is going on throughout the rest of the United States as well as in California.

State-Level Teen Parent-Related Welfare Reform Efforts

I want to speak to you on a very important topic about which the Health and Human Services Agency has purview in a variety of aspects. And my agency, Administration for Children and Families, also has a large purview, from health-related issues to social services. The area I work in primarily has to do with the AFDC and JOBS (Job Opportunities and Basic Skills) Program and, therefore, welfare dependency issues.

There is excellent background material in your packet, so I'm only going to give you a general overview and if you have questions, then I can go into more detail during the question and answer period. I am going to spend a little bit of time talking about a large-scale Teen Parent Demonstration that we sponsored and evaluated. I want to tell you also more about my experiences with 15 smaller teen parent demonstrations we are currently sponsoring in 15 different states. And then I will talk a little bit about the current research initiative we just funded a few weeks ago that carries on the research in the direction we think it should be leading us regarding teen parents and the issues surrounding their families.

The Teen Parent Demonstration was designed and implemented in the states prior to the Family Support Act and the JOBS Program. Two states, Illinois and New Jersey, were undertaking this initiative pretty much on their own. There was not a support base out there, a legislative base to establish programs for things like education, training, and employment for teen parents. So I think the findings can be put in that context. They were creating these programs where none existed before. And they were large scale programs. Over 2,000 participants were actually served in the sites that we operated demonstrations in.

The researchers suggest that the impact has been modest. I think that is the correct assessment. However, in the context of what they were trying to achieve, I think the states of Illinois and New Jersey are (and should rightfully be) proud of the success of just launching those demonstrations, serving this large number of teen parents.

This is all in your packet. There was about a 28 percent increase in participation in education, job training, or employment related activities by participants in the program. It is a job-like program -- teen parents are mandated to participate in education, training, or employment and case management services and necessary support services are provided, including parenting instruction, life skills instruction, and assistance with child care and transportation.

There were some auxiliary services that we tried to implement that weren't particularly successful. Those had to do with increasing involvement of fathers, paternal child support, and paternity establishment. One of the sites did have some increase in paternity establishment, but that was not well achieved overall in the sites. We had anticipated, since family planning instructions were given and referrals were made to family planning agencies and case managers, a positive impact on the problem of teen pregnancy. However, the demonstrations, as David and others and the materials in your packet will tell you, have had very little success in that area.

I want to tell you a little bit about what the Teen Parent Demonstration was and how it's similar to and different from the JOBS Program today. The Teen Parent Demonstration was a universal coverage program. And that's very different from most of today's state JOBS programs, particularly regarding teen parents. As a demonstration effort (this was before the Family Support Act) every new teen

parent coming on to welfare was required to participate in this demonstration and half were assigned to a control group and half to an experimental group. So that meant regardless of whether they had a high school diploma, regardless of whether they were 13 or 14 or under 16, whether they were in school or not, all teen parents were referred to the program.

The research showed us that about two-thirds of the group who participated in our demonstration are currently exempt under the JOBS rules from participation in these programs, their welfare agency programs. So, by definition, the current legislation and the current programs aren't targeting the breadth of teen parents coming on to welfare. Typically, 7 or 8 percent of a caseload at any point in time ranged from 6 to about 17 percent of new applicants in a given site over the life of the demonstration. Just in sheer numbers, and not from primary research, I was astonished that four districts on the south side of Chicago produced between 150 and 175 new teen parent applicants for welfare every single month over a 24-month period. Those numbers were just astonishing to me.

Approximately 70 percent of teen parents are currently excluded from JOBS participation today. Of course, they can volunteer for services and many of them do and many receive services outside of the welfare agency. But again, some of the research suggests that those who volunteer for programs are not always those who perhaps have the most disadvantages in their life. The most disadvantaged are the least likely to avail themselves often of services that can help them complete school, get training, get employment, get help with parenting, child care.

There are identification issues and coverage issues. In the teen parent demonstrations the programs were monitored and were required to put a large effort into developing systems attempting to identify teen parents coming on AFDC. We know that about half of the teens coming onto welfare are actually coming on as teen parents who are included in their mother's or another adult's case. So they are not identified as the welfare recipient. They are buried in a case. Most states do not have mechanisms for identifying teen parents -- I think David Long will speak to this in some regard in talking about Ohio -- but most states don't have existing mechanisms. They did from 1986 through 1991, but they don't today. So identifying these teens was an issue.

We also know that the U.S. Government Accounting Office (GAO) surveyed 16 states that cover about 70 percent of the nation's teen parent population. The GAO estimates that:

- Over two-thirds of teen parents are not exempt under JOBS;
- Thirty percent were not covered by the Teen Parent Demonstration but were exempted from participation in JOBS; and
- Two-thirds of those who are not exempt -- are required to participate -- under JOBS are not served.

As you can see, we have a JOBS Program that exempts 70 percent of teen parents, and state welfare programs that aren't implementing their mandate for two-thirds of the eligible teen parents. A very small segment of these teens are being served under state welfare programs today. So I think implementation and operation issues have to go hand in hand with design issues. We need to keep learning from the research about designing programs, what components they need, what are effective programs. It also comes down to getting the teens into the programs and getting the services delivered and finding effective mechanisms to have that happen at the state and local welfare program level.

We can also suggest that a myriad of design issues go into these programs. Like I said, the teen demonstration was intended to have a positive effect on family planning and reducing the risk of pregnancy. Unfortunately, there has actually been a positive increase in the number of births among participants in the program. It's the kind of thing that researchers and program planners hate to find.

The good news and bad news is we aren't alone. We keep seeing other research with similar outcomes. I don't think that people are saying that these programs are not what teens need. We just obviously don't have the right mix yet of services nor the right approach.

We are also currently sponsoring a five-year follow-up of those teens involved in our Teen Parent Demonstration. That research will be coming out next year. The report that you have in your packet is a 24-month follow-up after enrollment in the program. We are currently sponsoring small demonstrations in 15 states. Basically they are receiving grant money to do what they should have been doing anyway under the JOBS Program. We started this in 1992, funding 15 programs for 24 months. The requirement to get the grant was provision of comprehensive two-generational services for teen parents required to participate under JOBS. There are no waivers. It is not broader than the current JOBS Program. It is just that they are required to participate in JOBS. They range from 25 participants in rural Montana and Kansas to several hundred in an Illinois site. The programs are really quite varied.

Some of the issues and implementations are essentially the same. We experienced the same things in the Teen Parent Demonstration before JOBS, without a support base. These projects are operating in the context of a federally mandated and (in most communities) state sponsored JOBS Program. And some of the issues are very similar. They have also had tremendous difficulty identifying the teens on their caseloads.

One program operator that was focused in a public housing area of a city in the South was reporting no cooperation from the welfare agency to get referrals. The referrals they do get are hard to come by because the systems don't identify the teens. So basically they have the staff go out in the middle of the day and when they see a young mother out walking with her child, they accost her and see if she wants to come into their program. Again, there are good programs out there waiting for these teens, and we can't seem to find the right door for them.

Once the teens get in the program, the program operators report tremendous problems with attendance. You have to take the context of some of our research in the same form as in the Teen Parent Demonstration, which is the research looked at everyone who participated and gives you the results of that. Everyone who is supposed to participate. However, seat time, the time these adolescents are exposed to the programs, is very small.

Again, prior to the Family Support Act, there were attendance problems. Now with the JOBS Program in place and these programs operating under the context of JOBS, regular attendance -- whether it is regular attendance at school, job training, on the job, attendance in parenting classes, family planning classes, or showing up for their health checkups with their children -- whatever it is, there is a significant attendance problem. The exposure to the treatment is actually quite small for each individual teen and so our effects on them are probably very much determined by their exposure.

A lot of welfare reform debate along with the current JOBS Program includes mandates for participation. The idea is mutual obligation. The agency is obliged to provide you with education,

training, support services that you need, and you are obliged as a welfare recipient to participate in working out a mutually agreeable employability plan, as it is commonly called. I think our research from the Teen Parent Demonstration suggests that mandates are very positive things. Mandates can in fact change the culture in a welfare agency to make an agency more proactive in going out and identifying the teens who are not presenting themselves. And again I think it might often be the teens with the most difficulties who don't come for the programs. We think that mandates accounted for the high rate of participation in the Teen Parent Demonstration program.

In current programs there are a lot of problems implementing the mandate, both in getting the teens there and getting the system to support the mandate. So, again, in the current context of the current 15 demonstrations operating in the JOBS Program, part of the attendance problems are the result of not being able to implement the mandate, part from lack of staff resources, and sometimes the mandates don't really mean anything -- social workers submit referral information or attendance information to the welfare agency, but the agency doesn't do anything with that information, so it doesn't become mandatory to the teens.

The Ohio experience tells us that with a dedicated effort, it might take a year and a half or so to implement this in a state. That requires a lot of state level and county level commitment, and that is not present in all of these projects.

All the research, then, needs to be viewed in the context of whether teens are actively participating in the programs. As with the Teen Parent Demonstration, all of the 15 sites have reported that substantial proportions of their teen participants have repeat pregnancies. So the demonstrations aren't over yet. They are 24-month demonstrations, and within the first year to 18 months there were substantial proportions. I would like to throw in here that I worry about programs that report low rates of repeat pregnancy. One of the participating sites presented data at a conference that said they had a 2 percent repeat pregnancy rate, and all the other sites wanted to know what they were doing. It was, coincidentally, the site that is now continuing to run one of the Teen Parent Demonstrations in Illinois for which there was a 66 percent repeat pregnancy rate over 24 months. So how did it go from 66 percent to 2 percent? It really was just a matter of what data they collected. They collected data on the teens that are coming to their programs every day, and those are the teens who haven't had repeat pregnancies and haven't started staying home because of difficulty with pregnancy or the difficulties of having multiple children.

We think we have to look very, very carefully at this because the broader, more rigorous research, such as what is described in your packet, suggests that this is an enormous problem, that repeat pregnancy rates are obviously having all kinds of consequences for the outcomes we want for these teens. All of the programs today, the 15 that we are currently sponsoring, continue to have this problem.

Another concern the programs have tried to address is increasing the involvement of the males -- the current male partners, the fathers of the children -- as well as of other family members, particularly the mothers of teen parents who may be the grantees of the case they are on or at minimum the caregiver of the child while the teen parent participates. All of the sites had initiatives to involve them and they basically don't exist. Many efforts have been made to bring in multiple parties, but without success. Individually, there are a few success stories, but on the whole, it has been very, very difficult.

Today the JOBS Program exists in almost every community of every state and these programs are experiencing the same problems that the Teen Parent Demonstration. In some ways these

demonstration programs are considered examples of the best practices under the JOBS Program. They are two-generational programs. They are very intensive. They often have staff at higher skill levels than a lot of state agency programs. We would tout them as exemplary programs. Unfortunately, most of them are telling me they are not going to be continued after the grant money runs out. There is a lack of commitment from the local welfare or state welfare agency to continue to fund their case managers and their support services under the JOBS Program.

This will have an effect on teen parents in the welfare system today and on the kind of treatment (or lack of treatment) they are being exposed to regarding their future and their future prospects for leaving welfare.

The overall research is very important and very informing, but the realities of implementation can undermine the best program design. Locality and commitment to this population are what will make the difference.

We have now began the next generation of research with the awarding of five state grants to add home visiting services for teen parents to their JOBS Program. These states have to be willing to make this a universal service, as was done the original Teen Parent Demonstration. Through our waiver authority we have the ability to make sure that the states have a universal coverage program that does not exempt teens as they are under JOBS now -- and that will add home visiting to the services available. This new demonstration program brings two fields of research together.

The Background Briefing Report in your packet talks a little bit about some of the successful programs. The Elmira Nurse Home Visiting Program in Memphis, TN, was one that, through a nurse home visiting initiative, created a substantial reduction in all of the negative, health related pregnancy outcomes -- increased positive birth weights, etc. -- and improved life course option outcomes for teen parents who were in their program. More of them went to school, more of them got off welfare. They had fewer children in the follow-up period. The Elmira project is being replicated and those results will be out over the next year. Dr. David Olds is doing that, and we sponsored the research. (*The Elmira project is described in Chapter III of this report.*)

The Kaiser Foundation approached us about adding home visitors to state welfare programs and that is an initiative we just now funded. Beginning in October we will hire paraprofessionals to do home visiting -- that was the interest of the Kaiser Family Foundation -- primarily in a cost-related issue to see if this work could be done on a large scale nationally.

Home visitors will be expected to make weekly visits. This is in addition to visits by JOBS case managers. The primary focus of their attention will be, first of all, relationship development with the teen parent, her child, and family members -- whatever circle of influence that she has -- focusing on things like repeat pregnancies, family planning issues, parenting issues, health and immunization issues. We are hoping that this next generation of research in state welfare programs will provide better outcomes for teen parents than the current research suggests is possible with just basic employment training and support services.

David Long

David Long is with Manpower Demonstration Research Corporation. He has been the lead researcher on the Ohio LEAP demonstration. He will discuss the recent analysis of Cleveland, Ohio, where special services were added to some of the traditional welfare reform efforts. His handouts follow the presentation.

The Effectiveness of Welfare-Oriented Teen Parenting Initiatives and Programs: The Ohio LEAP Demonstration

Virtually everyone involved in the latest round of debate on how to reform the welfare system agrees that it is important to pay particular attention to teen parents. About one-half of all current AFDC cases began with a teen birth. If progress is to be made in reducing welfare dependency, it is clear something must be done to reduce the future dependency of teen parents.

There is also agreement that the short-term strategy for working with teen parents who do not have a high school diploma has to focus on education. The employment prospects for teen parents who have not completed school are bleak. And their expected stay on the welfare rolls is long. In fact single teen parents who have not completed school have the prospects of the longest stay of any subgroup on welfare.

The first step is to try to increase self-sufficiency by promoting school completion. Yet how much realistically can be achieved, especially given that most teen parents live in large urban areas where the existing school systems are often in serious trouble. This is true in California as well. There are concentrations of teen parents in the Central Valley, but a large fraction in California, as well in the rest of the country, live in urban areas. Urban schools tend not to be very successful at producing graduates among the general population of teenagers, let alone teen parents on welfare who are an extremely difficult group to serve.

The Ohio LEAP Program is not a demonstration program and unlike a program such as the Teen Parent Demonstration which is focused in inner cities in New Jersey and parts of Chicago, LEAP was run statewide in Ohio, in rural areas, suburban areas, and urban cities. The experience in Ohio should be helpful for you, because some of the areas in California that you're going to be working with are not at all urban. And there are particular problems in dealing with the rural areas that you might want to get into during the question period after the presentations.

All pregnant teens and custodial parents on welfare under the age of 20 are eligible for the LEAP Program so long as they do not have a high school diploma or a GED. Participants are required to attend school. LEAP works with about two-thirds of Ohio's teen parents. About one-half of the population was in school and the other half was out of school.

The policy objective is different for these two subgroups. For the in-school population, the job with these financial incentives is to keep the teens in school. For the dropouts, the objective is to get them to go back to school. It is very interesting that the program succeeded in achieving significant enrollment in both groups. It got teens in the in-school group to stay continuously in school for the first year following their assignment to our sample. And it got a substantial number of teens who had dropped out to return to school within a year after they entered our sample.

A useful way to think of the teen parent population is in terms of thirds: One-third have already completed their diploma or GED at the point they become teen parents on welfare. Generally they did it before they had the baby. This group is in many ways easier to work with than those who interrupted their schooling prior to having that first child. One-third is still in school. The remaining one-third have dropped out of school.

The populations served by LEAP is different from the overall population of teen parents in the Teen Parent Demonstration. About a third of the population in the Teen Parent Demonstration had high school diplomas versus GEDs when they were randomly assigned to the program or control groups. The treatment there is to send them to job search or vocational training or to work experience or something of that sort. So compare the overall population of teen parents. The treatment that the Teen Parent Demonstration used for those who didn't have a diploma or GED was similar to LEAP's focus on education.

The LEAP model, Financial Incentive System. The LEAP Program in Ohio is a program that uses bonuses and welfare grant reductions plus case management to encourage teen parents on welfare to stay in or return to school. Bonuses were paid to teen parents. These are both teen parents on their own, generally 18 or above, and teens who are parents and still living with their mother or some other family member. Bonuses are paid when the teen enrolls in school, and during each month in which she meets LEAP's school attendance standard. I use "she" because 99 percent of the sample is female in terms of the custodial parent. In Cleveland we had five or six men, not many.

The second part of the incentive system is sanctions in the form of grant reductions of \$62 a month. They were applied when the eligible teen failed to cooperate with LEAP in their case assessment. The assessment was the first stage in the LEAP program. So if they didn't come in for an assessment, they were deemed to not be cooperating with the program. If they didn't enroll in school or if they dropped out of school, and if they failed to meet attendance standards at the end of the month they were subject to sanctions. The attendance standard for high school allowed for two absences a month. For a bonus the teen could not miss more than four days in a month. For a sanction, you can't have more than two unexcused absences. For a bonus you can have lots of excused absences. In the third tier of the incentive structure you get the normal AFDC grant in Ohio, which during the period we were doing this study was \$270 a month for a teen with one child. They receive this amount if they are not attending regularly but you have excuses recognized by the schools. LEAP does not pay bonuses during summer school. So the teen can end up with the normal grant following the summer, and can also be exempt during part of their pregnancy in Ohio.

As Nancye Campbell indicated, repeat pregnancies are a problem and that's a substantial differentiation.

MDRC has been evaluating the 12 project counties in Ohio since the program began operating in 1989. Our research method is a random assignment experiment similar to the Teen Parent Demonstration, and MDRC's Evaluation of California's GAIN (Greater Avenues for Independence) Program. The research findings I will discuss focus on LEAP's performance in the city of Cleveland. Cleveland has the sixth largest number of AFDC recipients *in the country* and have almost a quarter of Ohio's statewide LEAP population. The high school graduation rate is also very low in Cleveland. We are focusing on Cleveland because, in addition to looking at the effectiveness of the LEAP Program per se as a program that relies on financial incentives, we set up designs to look at the effects adding

enhanced services to the program. Cleveland can be a particularly instructive test of what to do for teen parents.

The LEAP findings are also valuable for other reasons. First, they were just released so that this information is probably new to most of you. Second, the LEAP findings provide a very useful framework for thinking about the findings of other research, including the Teen Parent Demonstration that Nancye Campbell talked about, and the New Chance Program, a demonstration program that MDRC evaluated at 16 sites around the country, including 3 sites in California. And the findings will be particularly instructive to those interested in Cal-Learn, California's new initiative for teen parents, which is very similar to LEAP.

The LEAP report we've just concluded in Cleveland focuses on two questions. One is whether the LEAP Program, which relies almost entirely on financial incentives and not services, increases school completion. Last year MDRC issued a statewide report on the effectiveness of the LEAP Program, which indicated that LEAP had a pretty large, statistically significant effect on school enrollment. Not only for the overall population of teen parents, but also for in-school and school drop out subgroups. The second question we focused on in this research was, what would happen if you offer additional services in schools and in the community? In Cleveland we set up a special task group to look at that second question.

Key Findings: LEAP had some startup problems statewide, but those improved over time. Tioga County, where Cleveland is located, had the most substantial startup problems of any of the counties we looked at.

The two key problems are identifying all teen parents. It is not hard to identify teens who have their own welfare cases. The problem is identifying the teens who are "nested" in someone else's case and determining that the teen in a case is the parent of one or more of the children in the family case. The second problem is in carrying out the mandated grant adjustments -- the bonuses, and the sanctions -- routinely and within the time frame Ohio established for making grant changes in response to enrolling and not enrolling in school and attending regularly.

These problems significantly improved over time, in large part as a result of establishing a sophisticated statewide computer system that enables Ohio to automatically identify teen parents. There is a relationship code that the computer flags immediately so teen parents are no longer missed. Secondly, the grant changes are now done automatically. So the problems that LEAP had in operating initially are greatly reduced now. A word to the wise: If you plan to run a tracking system anything like this, you need some kind of capacity to do this without paper and pencil, especially in large urban communities. You may be able to pull it off with paper and pencil in Butte County, but in Los Angeles or Oakland, it is going to be very, very tough.

Another key finding is that most teens were incorporated into LEAP's financial incentive system. Ninety-four percent were referred for at least one bonus or sanction. Lots of sanctions were applied. However, were a state to apply only sanctions, not all of the population will be reached. By providing bonuses you reach those teens who would not be subject to sanctions. So a financial incentive structure that employs both sanctions and bonuses will apply to virtually the entire population.

Lastly, the cost of the LEAP Program per eligible teen was about \$500 per teen per year, which, as these things go, is quite modest. That is one of the attractive features of running a model like LEAP.

It relies entirely on the existing school system to supply services, so the net cost to social services is primarily the cost of case management.

LEAP's Impacts. As I said earlier, the first question we are interested in is, Does LEAP have some effect on enrollment? Does that translate into school completion? In Cleveland, it did. There was a significant improvement in the number of teens who got a diploma or a GED compared to the control group. The improvement was about 5 1/2 percentage points.

Most of the impact was concentrated on the in-school group. The story is quite encouraging for the in-school teens, raising the school completion from about 20 percent to 29 percent. The effect on the dropouts is not as encouraging. We got them to return to school, but there was not a significant change in the numbers that graduated, at least within the three academic years we were looking at.

Let me just briefly talk about the operation and impact of the enhanced services that you do see some effect from services above and beyond the basic LEAP Program. It is concentrated on some teens -- those who actually receive supplemental services. A lot of teens receive no extra services. And that's inherently going to be true in any kind of service program. Overall, there was a modest improvement in the effectiveness of LEAP when services were added to the program. The cost of the services per teen who received them was, not surprisingly, substantially more than for the basic LEAP Program itself.

In Table 3 you can see characteristics of the LEAP sample. There are a couple of things I would like to call your attention to here. Thirteen percent are 15 or younger. They go down to age 12 at the time they entered the sample. The program is working with some portion of young teens. It is important to realize that, in thinking about our results at the end of the three academic years, these teens are not necessarily old enough to have graduated from high school. So these teens, many of them, will still be in school at the time our research follow-up has ended. Secondly, under school status, at least half were in school and half were not in school. And that is the key distinction that I've been referring to.

Figure 1 and Figure 2 summarize the results that we found with regard to bonuses and sanctions in Ohio. About three-quarters of the teens earned at least one bonus payment during the time we followed them. About two-thirds earned at least one sanction, that is, one grant reduction. That sanction rate, about 68 percent, is much higher than MDRC has found in programs such as GAIN, working with adults. The Teen Parent Demonstration also had very high sanction rates. With these kinds of programs, that goes with the territory.

Sixteen out of 100 teens earned only sanctions, and 10 of these teens got 9 or more sanctions without any bonuses. In Figure 2 you can see the problem of multiple sanctions is mainly a problem for the dropout population and that almost a quarter of the dropout population earned 9 or more sanctions and no bonuses. This is a matter of some concern. This means that, for a substantial fraction of the population, LEAP is certainly not working as intended. It is reducing the income to young families headed by teenagers without having any effect on their schooling.

Table 4 presents the overall results for the basic LEAP Program (financial incentives with case management). Here you can see the effects that I mentioned before, the 5 1/2 percentage point difference in completion for all teens. While that is a modest effect, it is a 30 percent improvement in what is an abysmally low completion rate among teens.

There are some reasons why the school completion rate is so low. The main reason is it compares all teen parents -- Recall that the program also serves the two-thirds of teen parents who didn't have diplomas or GEDs before they became eligible, and those are really success stories, if you will, among teen parents on welfare. This group is excluded from the data in this figure. The results are very disappointing for the dropout population.

Teens who interrupt their schooling prior to becoming eligible for a program like LEAP are a very difficult group, particularly in a place like Cleveland. The school completion rate without any intervention is abysmally low. The story is much, much more encouraging for the group that was initially enrolled in school. The improvement there is over 40 percent.

As you recall, the second question that we wanted to answer with this research was whether providing some additional services would make a difference. Remember that LEAP did nothing to change what was occurring in the schools and provided no money to the school system, thus relying on the school system to provide those services, or the GED. The question that has been on many peoples' minds since LEAP started in 1989 is, What if you did something more in the way of services, would that make LEAP more effective, because there is great variability in what services are available to teen parents throughout Ohio? What difference would that make?

In Cleveland we set up a test to look at this question. In the research jargon, it is a quasi-experimental research design, not an experimental design. There are a couple of appendix tables in the handout that summarize the design. About one-half of the LEAP teens in Cleveland got enhanced services. In half of the high schools in the city of Cleveland, there were on-site child care and on-site case managers from the welfare department whose caseloads never exceeded about 60 in any of the schools during the time we were following them. The teens had someone at the school that they were attending as opposed to someone in the central welfare office in downtown Cleveland. Instruction in parenting and life skills was provided in all of the schools.

Teens who didn't go to high school that were assigned to schools with these services could get the services from community organizations. These organizations provided two kinds of services. Outreach workers in effect acted like a case manager to teens sanctioned by the LEAP Program. If they were referred for a sanction, their name would be referred to an Outreach worker at the community organization in the quadrant of the city the teen lived in. The caseloads for those workers were also kept at under 60 for the whole time. These were workers who were not associated with the welfare programs. They were community organizations, some of which were known very well in the neighborhoods where the teen parents lived. And they did a lot of home visits.

The second service that was provided to these teens was a teen-focused GED preparation program modeled on MDRC's New Chance Program. These were intensive GED preparation programs. One site had on-site baby-sitting. Another had it in the same building. They also provided pretty intensive case management in those community organizations during the times the teens were attending these programs. Those are the services that were provided.

These services were provided to half the population on top of the LEAP Program. Any improvement was not the result of services by themselves. The services might have achieved by themselves some of what LEAP did. This is the additional value added of providing services on top of financial services and case management services, financial help with child care and transportation through the LEAP Program.

As you can see from the data in the handout, the services didn't improve LEAP functions that much. The enhanced program group's completion rate is only 2 percentage points greater than the regular program group. A lot of the story here is that services by their very nature don't reach all the teen population. The school-based services that I mentioned, not surprisingly, only reach teens who go to school. If you look at teens in the full sample who never attended high school, at least 20 days during any of the three school years we watched, then you can see that the difference is much larger. It's a 7 percent difference, a better than the 20 percent improvement. What that is saying is that, while the services did not increase the rate at which teens attended high school, for those who never attended 20 days, it reduced the likelihood that they wouldn't finish successfully.

We see somewhat of the same thing for the teens referred for community-based services. We were able to compare the enhanced program group here to the regular program group, because we knew who would have been referred by a review of sanctions earned in the program. There the difference is smaller and not statistically different. But it just misses the cut. Actually, it is significant at an 88 percent competence level (90 percent is the cut-off on this table).

We think there is something going on there as well. I should mention also that just because teens were referred to community-based services, doesn't mean they got services. We had two organizations that did very well and two organizations who did not. The two who didn't do so well were only able to contact half of the teens referred to them, whereas the two stars got about 80 percent. And it's my sense that if you could raise the level of performance on all providers you would probably have a somewhat higher impact here.

Let me just quickly draw some conclusions. I think we clearly have some good news and some not so good news from this research. The good news is that LEAP has achieved a lot with in-school teens, especially when enhanced services were provided. A fairly large and statistically significant effect on school completion was found. Most of it was in high school diplomas. There is some controversy in the literature now about the effect of the GEDs. I won't get into that, but know that there is. There is no controversy about the effectiveness of high school diplomas. The findings indicate that the teen parent population can and does respond to financial incentives. They also indicate that the mainstream education system can work for a substantial portion of teen parents.

On the other hand, the news is more disappointing for school dropouts. This echoes our other research on this group. The New Chance results focus entirely on the dropout population on welfare, and those results were disappointing. We have convinced our friends down the road in New Jersey who actually did the research on the Teen Parent Demonstration to look at this subgroup, and indeed the results of the Teen Parent Demonstration for the dropout population are not very encouraging either. It is tough to reach the population that has already dropped out of school, especially those who have been out of school more than a year at the time they enter the sample. It is very difficult to get this group to return to high school, because they are more than one year behind grade level. It is also difficult to get them to succeed in other settings. We can talk about other ways of perhaps reaching this group. Let me just say that I do think the LEAP Program is probably doing a little bit better with those who drop out because of improvements in the program, but we still should consider other options for the dropout population.

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Patrick Fagan

Patrick Fagan is the Senior Policy Analyst at The Heritage Foundation. He has done a great deal of writing in the field of illegitimacy and welfare dependency. His article, The Rise of Illegitimacy, follows his presentation.

The Relationship Between Illegitimacy and Welfare Dependency

You have a copy of my recent publication, *The Rise of Illegitimacy*, in your handouts, so rather than reiterate what you can read, I will discuss the main highlights, which are listed on page 3. There is a debate going on in Washington, D.C., which is going to affect the rest of the country over the next year or two on welfare reform. There was some chance that the Administration's bill would come up for debate during the late summer and the fall. The way things went on health care and a lot of other things, that never happened. But everybody is expecting some form of welfare debate in the coming Congress. The Administration's bill is still there, which is mainly the work of David Ellwood and Mary Jo Banes, along with the White House, and the two assistant secretaries at DHHS. So we expect pretty much that proposal will probably stand in the next Congress.

I was getting questions at DHHS regarding some of the effects of out-of-wedlock births. I don't like the term illegitimacy. It was an appropriate term for a time that is no longer here. It reflects the taboo that was very strong and operative, but today for a society of a different nature I think father-abandoned families or father-abandoned children is closer to the description with some of the taboo element in there. The abandonment is what we don't like today, or at least what I don't like. This is purely all my own writing.

I was getting requests for information on the effects of this. I knew a little bit from the literature and then there were more requests from different Congressmen and from some members of the media, and I finally said, "Let's look up and see who has written on this." The strange thing was, I didn't find any publication which had pulled together into one place the effects of being born out-of-wedlock or without the father present. So I did it -- this is, actually the result is of a fairly quick study. I spent about a week up in the Library of Congress doing research, using their database and all the rest and then two or three weeks writing it up and editing and re-editing this and trying to put it into some sort of format.

I used just the developmental stages of the child to organize what was scattered about in the literature on the effects of being born outside of wedlock. Out of that you have this paper. I was expecting all hell to break loose, so I was very careful in footnoting and all the rest. Actually, all hell didn't break loose and I got a bit of a play and got many media requests. But I think one thing that did strike me was that there was nothing in the literature that I could find that showed any good effects for the child from being born outside of marriage or born father-abandoned. However, I would say that it will never be researched or it would be very difficult to research.

I don't know if you've read the *People* magazine article on teen pregnancy. I spotted this in the airport yesterday as I was flying out here and I thought, I've got to read this if we are going to be talking about it. It is, I think, a very instructive collection of vignettes of young teenage mothers. And there is one in there of a young girl who is called by the street name of Ice, a young girl, abandoned, homeless from age 12, on the streets of Seattle. And she has a baby called Devlin. In her case you could definitely see the good effect of the birth on the mother. The birth of that baby has probably saved her

life. It gave her something to live for and, true, the baby connects her back into the community. That is a good effect for her. Obviously the child is not born into the best of circumstances. But it has a mother that seems dedicated to her new purpose in life. How long that will last -- and we all know the difficulties that mother is up against to sustain that -- but good can come out of these things.

Now, the bad news. I'm going to deal with it. By and large, let's do a quick overview of the ill effects of being born out of wedlock. Increased health risks. All these are risks. This doesn't apply to every teen. Most children born out of wedlock do fairly well. Their mothers, by and large, tend to really pitch in double and a lot of teens manage to survive. There is a much higher body count, much higher ill effects rate among children born outside of a normal family with married parents than there is for kids born inside a family.

At risk, increased risk for the health of the newborn and the extreme, depending on the ages. When I first did this a lot of the data was indicating that the younger the mother was, the more at risk she was for a very low birthrate. Actually, that's not the case. The very young mother has a better chance of producing a baby of closer to the normal rate than the slightly older single mother. That is one correction to this paper that I will make when I publish it.

Low birthrate and neonatal mortality rates are up. Retarded cognitive development, particularly as the child grows. They are born and it is the physical health, the cognitive development later, particularly in the verbal development, which then translates into school problems. And every indicator in the literature on schooling from kindergarten right up through high school -- I haven't seen anything on college, but it would naturally follow -- shows that children in single parent families are consistently behind.

A lower education achievement then translates into lower job attainment. That's a logical sequence. Overall, there is a much higher rate of behavioral and emotional problems among children in single parent families. An interesting fact is that children of blended families, divorced and remarried, have still higher rates of emotional behavior problems. Probably because -- this is my own interpretation of findings -- the level or potential for conflict is higher when you merge two families, particularly around issues of control, etc., around different children, his and hers, and all the rest. That comes out in a lot of different areas of the literature.

Children of single parent families have a higher rate of emotional behavioral problems than those from intact families, but a lower rate than those who live in blended families. So that is one area where the news is better. The two major impulses involved there are anger and sexuality. By and large, the attainment of internal control is much more at risk in the single parent family.

Retarded social development results from both of the prior two problems. Increased crime in the community. I want to spend most of the time for the next ten minutes on the aspect of community, because I think this is one of the areas where we can gain a lot of insight and move forward. The community can sustain a certain proportion of single parent families and still remain quite viable, But there are indications that, when it goes above about 25 percent, the nature of the community changes. After 25 percent the controls within the community break down. In some of our inner cities over 80 plus percent of the families are single parent families. The way I see it -- and I am just finishing a major review of criminology literature on what makes for a violent teenager -- the data there is quite compelling. There is no debate within academic circles as to what is causing it.

Then we get to the absence of men. The analogy that occurs in my mind relates to the old cowboy movies and the quintessential scene of the wagons circled and being attacked. I remember when I was a kid growing up in Ireland and cowboy movies made around this part of the world were popular. If the women and the children were left unprotected, there was a fairly high body count. In a way, that is what looks to me is happening in the inner cities. We have women and children without men taking care of them. And what happens when the men are absent is the configuration of community changes, and it is the young -- 15, 16, 17, and 18 year olds -- who are the dominant influences in the community and essentially set the tone.

Now what I think is going on is that we have totally and completely misdiagnosed the problem. Given the constraints that are on you, I am not at all hopeful for the good work that these good people (referring to the other speakers) are doing and that are being done in the trenches. Nor at this stage am I hopeful that we're going to turn this around.

The out-of-wedlock birthrates for the country as a whole, particularly since this has become very topical. But look at the trend lines, not only about where we are, but where we are heading. Particularly for the top line, because that represents the overall out-of-wedlock birth rate for the nation as a whole. The year 2006 is the earliest estimate I've heard from some of the demographers who are playing this one out that trends will change; my estimate is somewhere near 2012 to 2015 -- 50 percent of the children born in this country will be born father-abandoned. That is about 12 years away. The clock is ticking fast. We are quickly heading into what I think is social implosion and a black hole.

This is not a welfare problem. This is not a poor problem. This is a problem mainly of our elite, of our middle class, and it's no wonder that it is our poor who are most disadvantaged and are most disenfranchised. Of course they are going to feel the effects of the big thrust toward which all of us are heading. It is as if we already reached the 50 percent level for teenagers having children out of wedlock back around '82 or '83. We passed that mark without any alarm bells going off. One of the reasons we did relates to the issue of marriage. The big taboo in all of this discussion is marriage.

When I presented at DHHS during Bush's administration, Dan Quayle's administration, I was Deputy Assistant Secretary for Family and Community Policy. I had things struck out of speeches and talks that concerned the issue of marriage, the taboo word, the commitment for love and community, the building block for every community. Let me say it as unequivocally and clearly as possible. I think it is totally incontrovertible. There is no society ever in history in any cultural configuration under any religious configuration that has ever permitted people to have children outside of committed marriage. And any society that has ever done it has never survived, and our own isn't going to either.

Let me tell you one of the concerns I have with the breakdown. It's not just on the welfare end, it is on the privacy end. We're going to lose our freedoms very quickly. Our overall crime rate is dropping. Why? Because I think the baby boomers are aging. Once those guys reach 40, 42, 45, they are spent out. You can let them out of jail. They don't do much harm. So overall the crime rate is dropping. But the violent teen crime rate is on a steady climb up. It mirrors rather clearly the same teenage out-of-wedlock births trend data in my paper.

You can see already the debate forming. It is for more incarceration, which does work. This is a way to sort of protect the communities and put these guys away. But we are building conditions which feed the making of the psychopathic young kid, abandoned, no love, no nurturance. And it is our leadership that permits this. If we have taboos on talking about marriage, what chance do our impoverished, disenfranchised, helpless people have?

One of the key things I would take out of the data is very interesting. There are two key dynamics, two universal needs we all have, every single one of us, teenagers have them, parents have them: the need for love and the need for community.

By community, I mean a place where we know we belong. Where those around us welcome us. Now all of us have lost this. Look at the average age here. Now we are all pretty much the same. When we grew up, our neighborhoods were much more places where we belonged than they are now. It doesn't matter what neighborhood you live in. Maybe some of the best places that still have a sense of community actually are right here with inner city Blacks. They have more of a sense of community than the rest of society. And not just the Blacks, but it is very definitely there. So that universal need for community is there, and the universal need for love is there.

I think the trend data and some of the stuff that is coming out regarding repeat pregnancies, reflects this need. I think life is about love and community and despite all of the other things it is like that basic human nature is coming out. I'm not glorifying that. I don't think it's the right way to go, but I can understand it because it's a basic thing coming out.

What do I think we need? I think we have got to recognize two things. Government has areas of competence and areas where it is not competent. And if it attempts to go into areas in which it is not competent government becomes incompetent. But other institutions are competent. Now, where is government competent? One of the areas where it is competent and it will be needed is in the transfer of payments. Resources are needed to take care of massive problems. But those resources cannot be mandated from above.. The executive decision on how to help the poor is best taken place right at the local level, at the local neighborhood community level, as far down towards that as possible.

Now it is not politically feasible, I know, to introduce this right now. In my vision of the good society that we could be, we would be generous in helping our poor, we would keep pretty much for the foreseeable future at least the level of funding we have now, but I would free it up all the way down. The feds need to free the states up, the states need to free the localities up and the municipalities, and the municipalities need to free up local communities and you get the money right down and you leave it there. You let people work at it.

Our poor cannot otherwise become responsible, capable leaders. There are a lot of leaders out there, but the poor cannot because they are regulated into what we have, essentially, a status plantation with dependent people who are boxed in by regulation at the bottom. And not just the recipients, but a lot of the good people who have dedicated their lives trying to help them are boxed in by the same regulations: yourselves. That has got to change.

Now government has competence in the economy and economic issues and that is where the transfer of payments is really appropriate. They are coordinated and redistributed there. And this varies in the exercise of power, control and defense, internal defense and external defense. In our areas of concern, it is essentially in that resource area. After that, I think it is communities who will have to learn how to

deal with it. Every community has unique configurations of strengths, resources, people who know how to do things, resources which differ from one neighborhood to the next. How can communities all be expected to use resources exactly the same way when they have very different problems and very different resources to draw on? They need to be given the flexibility to act accordingly.

What does work? Love and community work. In this whole area, don't forget Atlantic Monthly this month. The cover story -- have you seen it? The failure of sex education; a very good article. But there are programs which are working. But I would also caution, every program has the ability to fail or to succeed. Programs themselves are not the issues. It's the commitment of the people in them. Commitment to the person on the other end. Some of us were lucky enough to have had a good teacher who took an interest in us and for that year urged us on, pulled us out of ourselves, with a kind of spirit to spirit dedication. We've got to free up all of that. And it is dedicated people who will make the difference, those dedicated people who will need these resources.

Programs can both help and hinder. In a way they are beside the point, in my view of it. Where a good thing happens and somebody gets a good effect, the interested person over here will want to know what made it so that they can draw out of that and apply it to their situation. They won't take a cookie cutter approach, but they will take that which works.

We need political leadership. This is one other area that government does contribute massively: leadership. Leadership comes essentially through ideas, not through programs. Programs are the big invention of the last 30 years, but government has been around much longer and good government has long preceded the last 30 years. The good leader, the person who can articulate the vision of the community and the nation we want to become and the types of neighborhoods we want to build, is needed. A man or woman who can articulate the vision of the nation we can be. Franklin D. Roosevelt did it. That is what pulled us through the Depression. It wasn't the programs. They were failures. And he kept people's hearts up. Kennedy succeeded because he painted a vision of what we could do and people could be. He didn't talk about the programs and funding for the moon project, he basically said, we are going. And the nations responded behind him. It was the same thing with Ronald Reagan, in a limited area, that same sort of positive vision and likeableness about him, and his liking of people that was his strength. It wasn't his programs. It wasn't balancing the budget or anything like that. It was the nature of the man. We said we needed a leader like that.

We need a leader in this area so we can be freed up to help the people use the resources in a flexible way and learn. We need all of this evaluation research; I am not at all against that. I am a great user of it and will commission a lot of it if I ever get back into another Republican administration. But it is not to be a cookie cutter overall. It is so that we can learn and pass on individually and have people use their own wisdom to apply it to any situation.

Theodora Ooms

Our final speaker is Theodora Ooms. Theodora is Director of the Family Impact Seminar in Washington, D.C. with which CAFIS is affiliated. She has done a great deal of research on the issue of fathers of children born to teens, a particularly critical issue as most programs dealing with teen parenting tend to focus on the woman and not these males.

(Three handouts were distributed at the seminar. The chart from which Ms. Ooms spoke follows her presentation. The other two were reprints of articles from The American Enterprise, a publication of the American Enterprise Institute: "Unwed Fathers: Complex Dilemmas for Policymakers," by Theodora Ooms and Robert Lerman, September/October 1993, pp. 27-31, 36-37; and "Unwed Fathers: Who They Are," by Robert Lerman,, September/October 1993, pp. 32-35.)

The Role Of The Male In The Issue Of Teen Parenting and Policy Issues

Patrick (Fagan) raised some very big issues about the subject and bigger issues that I'm sure stimulated some thinking. I'm going to raise another issue about an important, but forgotten, factor in this whole issue of teen pregnancy and parenting, and that is the father and what, if anything, policy makers can do about fathers of children born to teens.

Teen parenthood is really being seen by most people as a young mother's problem and responsibility. In the old days I think she had all the same censure as did her so-called illegitimate child, although it is true that there was a great deal of societal pressure for them to get married, and a large number of them did. But on the whole, the men who fathered an illegitimate child got off scot-free.

Things have changed. We no longer have shotgun marriages. But, as we've heard, young women are still getting pregnant; and we are very concerned about that portion of the population that depend on welfare. More than half of the welfare population, as you know, is the product of nonmarital births to teens.

We believe that teen pregnancy needs to be viewed more broadly, and not as just the mother's problem. There are others involved. And when I edited a book on the family influence in teen pregnancy, I asked the authors to say what we knew about the fathers and male partners, the fathers of the babies. That was back in 1980. And these authors, scholars, and program people couldn't tell me anything about the fathers. It was simply an issue no one had discussed or researched for programs. This is really quite extraordinary because, after all, the father does have something to do with getting her (the mother) pregnant.

The situation nearly 15 years later is improving somewhat. We now have a little bit more information. Scholars have begun to put together a national profile on young unwed fathers. There have been a few interesting demonstration programs which I'll say something about. And we are beginning to think about how in our policy efforts we can try to encourage responsibility.

The handout in your packet provides a profile of the data on unwed fathers. I'll say little about that, but more about: (1) what we are learning about how, why and when to involve the fathers, (2) what is the point of including the fathers in policy intervention, and (3) what are the promising practices. I also want to mention some of the valuable lessons that have arisen.

When we start focusing, as we are beginning to do, on the unwed fathers' obligations to pay child support, we also begin to think about and are forced to think about the fathers' rights and needs. These often conflict with the rights of the mothers and can become quite controversial. For example, if we insist on the father's obligation to pay child support, even for a child he never had a relationship with or might not even know that he has fathered, does he have any rights to be informed about the pregnancy, to visit the child, to have custody? If we insist on his being responsible, does he have rights to the services that we are providing to the young mothers under the JOBS Program in order to help him develop the capacity to provide support? That is really a critical question. We won't even begin to discuss these questions today. But they do provide the backdrop for how complex the situation is once you broaden the spectrum of the lens and think about the father piece of the issue.

The data on unwed fathers is really problematic. There are so many difficulties in trying to get a portrait of them. We have no national surveys on this issue, on absent parents generally. The birth certificate information is very poor. We know very little about the ages and the status.

We are beginning to get a sense certainly in the welfare population that young fathers, particularly in urban minority areas, are similar to the mothers. Not surprisingly, they are likely to be very poor with high rates of school dropout rates, very poor employment records, high arrest records, high rates of substance abuse. Interestingly, these are more so for the white unwed fathers than for the Blacks for whom unwed fatherhood is more of a normative experience. Most of them in fact don't live alone. They live with their parents or other relatives.

The critical thing is that only about a quarter have legally established paternity and even a smaller percentage have formal, court-established support awards. Only in about 18 percent or so of cases nationally is child support officially collected from the fathers. Yet our studies and program experience in small demonstrations suggest that the majority of the fathers do care about their children. There is much more contact and informal support from the young man than is officially reported. If they live close by, they typically visit at least once a week. One national survey said that about 40 percent of them provide child support. Now that is a lot more than the mothers say they receive officially, but there is a great deal going on, sometimes under the table. The fathers provide many kinds of support, child care assistance, diapers and clothing, personal favors, gifts and so on. So the stereotype of the totally absent unwed father is more complicated than that.

One of the big questions, according to Patrick, is "why don't they marry the pregnant girl anymore?" There are a lot of theories. One is that young men don't have much to bring to a marriage in terms of income and support. That has a lot of plausibility to it, but I think that it is a little more complicated than that. That may be part of it, but when you look at the fact that marriage rates are declining at all income levels, it is not that they just don't have the capacity to support their child and probably wouldn't do much. It might do a little bit on the margin on the marriage rates.

Now, why do we want to involve fathers in this issue? There is a gradually growing consensus, I think, on the goal of trying to reach out and involve them, difficult as it is. The primary interest was really to lift the burden of public relief from the taxpayer and try to get this large group of fathers to pay some child support. Second, if they did do so, this would improve the economic situation of the children on welfare and/or in poverty. The third is perhaps if they knew they were going to have to pay child support for 18 years, we might get more of them to think twice about creating a pregnancy and having

a child in the first place. So this is a prevention effect that we are hoping will result as the word gets out. And finally and importantly, we hope to perhaps strengthen the bonds of the fathers to their children.

The low rate of paternity establishment is obviously a key concern and barrier to achieving all of these goals. There has been a lot of talk about the benefits to the child of paternity establishment, quite apart from what it does to public costs. A lot of people are saying that a child has the right to know who his/her father is, what the genetic medical heritage is, what benefits might be available. Several benefits might be available for such a child eventually if he or she joins the Armed Services; there are Social Security, death and disability benefits; health insurance and so forth. That is for the population as a whole, but I think even for the low income areas there is also this issue of benefits.

Establishing legal paternity is certainly a critical first step toward collecting the child support. The important question for this subgroup is, "do the unwed fathers have the income to pay support?" For the population of unwed fathers nationally, I think several studies suggest that they could definitely pay more than they do. And eventually in five or six years they may have more income, so it is important to get the habit established early on. Clearly the group we are concerned about have little income at this point. But there is the possibility that they could at least have token support awards and begin establishing the habit. The problem is if this group provides support, very little of it passes through to the mothers on welfare. Therefore the issue of whether it really improves the economic well-being of the child and the mother is on the minds of many of the fathers, as we are discovering. If they give the money under the table, they do feel they are actually improving their child's life. The current child support system is a major disincentive to their cooperation with the system.

Another issue is that of improving parenting. If the father acknowledges paternity and starts paying support, he should be encouraged to visit and have a relationship with their child. It is good for their child and it is good for them. Piggybacking on what Patrick said, there is some belief that the high rates of youth violence may be contributing to the high rates of absent male role models, and this raises the greater issue of the absence of fathers in these young children's lives, and what we should do, if anything, to try and create a relationship.

One of the major problems here is that many of the mothers don't particularly want the fathers involved in their children's lives, maybe because they have new relationships, they don't feel good about these guys, their families don't feel good about these guys, they are young couples having to learn to cooperate about the parenting and visiting issues when they have long since moved on and in many cases feel quite negative about each other. Now we know in divorce situations this is difficult enough. We are asking young couples to do this. It's really challenging to see how you can get fathers involved in the lives of their children, unwed fathers, and deal with the relationship with the children's mother.

Now, what are we learning about the most promising strategies to achieve some of these goals? I will briefly describe a few attempts to date and some of the lessons. We have had a number of community-based teen father programs, the Teen Fathers Collaboration and a number of others scattered throughout the country. They show that, with intensive effort, with staff hired just to involve fathers and programs designed for fathers, the fathers can be recruited, do come and use the services, and highly value them. Unfortunately, these programs are sort of freestanding and are not well connected with the school system or the employment and training system, nor do they focus on paternity and child support. We didn't learn from these programs very much about how to improve the father's ability to pay support and be responsible and get jobs.

A very important program in this area was Public-Private Ventures' Young Unwed Fathers Pilot Program. I mention it to any of you who want to do more in this area in California. There was one site in Fresno and maybe somebody in the audience knows more about it than I do. This was a 16-month project with 6 sites, which were very well studied and they learned a lot. Participation was voluntary. It was just for young unwed fathers and the services were designed to improve parenting skills, increase employment and earnings potential and motivate them to declare legal paternity and pay child support.

I recommend to you a report that came out in July, partly because they did an ethnographic study, and they have the baseline data. This was a pilot demonstration so there was no impact study here. But they gained some very rich information from ethnographic studies about 50 of these young men. The voices of the young men are very powerful in describing what the experience is like, how they felt shut out of the system, the valuable nature of what they got out of the program, the peer support group in particular, the parent development curriculum, the father development curriculum, which the P/PV is actually doing some training on in December.

I was moved particularly by the discussion of the environment they lived in, of the chaos, violence and despair, and their mixed reactions to the pregnancy. It would be good to have one of them on the panel. But a few were clearly very angry about the pregnancy, denied they were involved, but about a third were very depressed, sad, and guilty and worried about the effects of the pregnancy on them, the mother, and the child -- which seems to be quite an appropriate response. About 40 percent were very happy about the pregnancies. Having a child gave some meaning and direction to their lives. They knew they were going down a bad track, they were involved with gangs, but having a child helped them in some cases pull out of it and do something positive. So this is interesting because it says how difficult the issue of prevention is, because you have so many factors that contribute to the pregnancy rate. Just giving these fathers information and education regarding prevention and family planning cannot overcome these very powerful other factors.

The P/PV program said that they felt there was compelling evidence that the current programs don't promote effective programming for young men and do not act to support and sustain the father's desire to do the right thing by their children. Now albeit this is a self-selective sample, it is the largest sample that anyone has served. But if society were to give these unwed fathers some of the support and services currently provided to young mothers, it might pay off, and that is one of the challenges I want to throw out to you.

There's another program called MDRC's Parent Fair Share Demonstration, which was piloted in 9 states and also put out a very good report. It was for a somewhat different population -- non custodial parents ordered by the court to participate in the program when they failed to pay child support. A few of these parents were flushed out when they were ordered to participate and found out they did have jobs and they would pay child support because they didn't want to join the program. But, for the others, a whole range of services were provided. The peer support groups were extremely helpful to these young men. The results of this demonstration were encouraging enough that MDRC is now launching a full-blown impact study using random assignments and a number of sites. They are going to try to see if they can have an impact on the variables of the employment rates for paternity.

What could we do? In your packet is a table on the left-hand side called "Points of Intervention." I'm going to review those points, because I think we need to think about the points at which we should be involving young unmarried fathers in a variety of ways.

Perhaps the first way is preparation for fatherhood. We need a massive public education campaign in some way, but we should be looking particularly to sex and family life education programs to do this. I don't know if that was mentioned in Atlantic Monthly, but to what extent do we emphasize the rights and responsibilities of the father, information about paternity establishment, child support and the benefits of marriage on children? Young people are extremely ignorant about those issues. I think that everyone involved in the curriculum should be looking at it through those lenses. We probably have not done enough of that. A few communities are making an effort to address the responsibility of the fathers. "You could become a father," and campaigns on the topic of "don't become a father until you can support it."

The second point of intervention would be prenatal care and pregnancy counseling. This is a critical opportunity to educate the young couple and try to involve the father when he is sometimes quite excited as well as worried about this child. I don't think our health professionals and clinics have done that, and I think they need a lot of education to persuade them that this a good thing to do, to inform the couple about the issues of fatherhood, paternity, child support and get over the major barrier that establishing paternity is only a punitive kind of thing that is going to lock them into the formal system and often neither of them wants that. Education can be done if they stay focused on the benefits to the child. And some young fathers are beginning to realize that if they have legal paternity established, they can then get rights to visit the child which might otherwise be denied by the mother later. So there is that issue also.

All states are now required to offer voluntary paternity registration in the hospital at birth. I understand that California is actually going into the prenatal care program and it is going to be the second wave of the POP Program, and that is exciting. This is something that California is already engaged in doing, along with other states. That is based on some successful experiences in Washington, D.C. and pilots in Virginia and elsewhere, where it was found that the time when the father is most likely to be around and the relationship is the best between the father and the mother is at birth. This is also the best time to give the fathers the information they need to establish paternity in a voluntary fashion. We need to do a lot more in order to make that work, to get the hospitals to cooperate. I understand the experience so far has been spotty, but somewhat encouraging.

There are attempts across the country, as seen in the fourth point of intervention on the handout, to make improvements on paternity adjudication. Typically that comes later in the legal process when the mother gets on welfare or otherwise decides she wants support. At this point paternity adjudication is seen as a legal punitive process. I think we are trying to see this occur earlier, and take a different look at paternity establishment. Many states and counties around the country are trying to make paternity adjudication more of a voluntary, simple administrative process so that it is easier to get people to cooperate. And that is another point that we need to examine in the current systems.

A major problem is that so many of the mothers are not interested in establishing paternity. We are not only talking about the welfare population, but the non welfare population as well. It is often the mother's family who don't want anything to do with the father. An "I'll bring up my grandchild myself," kind of attitude. The issue of the rights of the father vs. the right of the child to know about his father is a very, very difficult one that can get in the way of the success of paternity adjudication and cooperation. One study showed that local child support officers felt that uncooperative custodial parents were the greatest barrier to establishing paternity. That might be something to think about.

As for child support awards, I have already talked about the double line and the welfare population and the lack of incentives for the couple to cooperate because they usually are much better off doing it under the table. We are struggling with that. The MDRC pilot study has found some ways of making the child support system more flexible and reducing the awards that they have to pay while the father is getting employment training. There are some things we might be able to do there.

Finally, there is the need to enhance their income opportunities through employment and training. Typically our employment and training programs are not being well designed to meet the needs of this population. Parents Fair Share is beginning to find out how to do that. One of the big issues on the national level, and I'm sure at the state welfare reform programs, also is can the JOBS Program be provided to non custodial parents? If you do so, of course, there is less money available to the mothers. Since there is little money available, there is a real tension there.

To conclude, I think the real tough question is that policy towards unwed fathers is being pulled in two opposite directions. One is to impose tough obligations and sanctions on them, which may drive fathers away from their children and be very difficult to carry out. The other is to lend them a hand and provide them with services in a sort of mutual contract, the way we deal with the mothers, in order to enhance their chances of really being responsible. This can be expensive, however, and I think to reward the behavior might have the effect of creating additional out-of-wedlock births, as many people will say.

Both strategies are likely also to be resisted by those whose primary interest is the well-being of, and to some extent accommodating, the mothers. This is partly because any aid given to the fathers will mean less available for the mothers, and partly because of this issue of the infringement on the rights of the mothers who do have the burden and the major responsibility here.

In summary, as with the teen mothers themselves, there is no simple solution to the complex problem of unwed fathers. Multiple strategies and opportunities are out there, but we need to do more and try more. As a society we simply can no longer leave them out of the picture. I commend California for the things being done about paternity. I believe your Adolescent Family Life Program is a program that works to involve the fathers. But it's difficult to do. I don't think that Cal-Learn has any components with the fathers in it, but this is a challenge to you all to think about that.

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ADDITIONAL HANDOUTS

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REFERENCES AND SUGGESTED READINGS

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