

“Research in the last decade estimates that as many as sixty percent of teenage mothers are living below the poverty line, and as many as 80 percent rely on welfare support for at least some portion of time following a teen birth.”

TEEN LIVING PROGRAMS IN MASSACHUSETTS: *A Policy Analysis and Recommendations for Change*

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TEEN PREGNANCY IS A PREVALENT PROBLEM IN THE UNITED STATES. WHILE NATIONAL EFFORTS ARE MADE TO REDUCE TEEN PREGNANCY RATES, FAR LESS HAS BEEN DONE TO ASSIST THOSE ADOLESCENTS WHO ARE EXPECTANT OR ALREADY PARENTING. THE DIFFICULT LIFE OF MOST TEENAGE MOTHERS AND THEIR CHILDREN CALL UPON POLICY-MAKERS AND SOCIAL SERVICE PROVIDERS TO FIND UNIQUE WAYS OF SUPPORTING YOUNG MOTHERS IN THEIR EFFORTS TO BECOME SELF-SUFFICIENT, DELAY SUBSEQUENT CHILDBEARING, AND PROMOTE AWARENESS OF CHILD DEVELOPMENT EARLY IN THEIR CHILDREN'S LIVES IN ORDER TO BREAK THE CYCLE OF POVERTY AND RELIANCE ON WELFARE. ONE OF THE SOLUTIONS BEING IMPLEMENTED IN MASSACHUSETTS SPECIFICALLY IS THE TEEN LIVING PROGRAM (TLP), OR SECOND CHANCE HOMES. THE POSITIVE AND NEGATIVE ASPECTS OF THIS PROGRAM WILL BE DISCUSSED, FOLLOWED BY SUGGESTIONS FOR IMPROVEMENT. PROGRAM DESIGN, IMPLEMENTATION, AND EVALUATION WILL ALSO BE FORMULATED AND DELINEATED.

“Over 800,000 American teenagers — aged 15 to 19 — still become pregnant each year, the highest rate of teenage childbearing in the industrialized world by fifty percent.”

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Teen pregnancy is a prevalent problem in the United States. Though statistics show a decrease in pregnancy rates over the last twenty yearsⁱ, over 800,000 American teenagers — aged 15 to 19 — still become pregnant each yearⁱ, the highest rate of teenage childbearing in the industrialized worldⁱⁱ by fifty percent. 57 percent of these American pregnancies result in live births and 29 percent result in abortions; the remainder end in miscarriages. Teenage pregnancy causes innumerable documented problems for mother, child, and society. Teen mothers are less likely to graduate from high school and more likely than their peers who delay childbearing to live in poverty and to rely on welfareⁱⁱⁱ. Children of teenage mothers are often born at low birth weight, experience health and developmental problems, and are frequently poor, abused, and/or neglected^{iv}. Finally, teen pregnancy poses a substantial financial burden to society, estimated at \$7 billion annually in lost tax revenues, public assistance, child health care, foster care, and involvement with the criminal justice system^v.

While national efforts are made to reduce teen pregnancy rates, far less has been done to assist those adolescents who are expectant or already parenting^{vi, vii}. The difficult life circumstances of most teenage mothers and their children call upon policymakers and social service providers to find unique ways of supporting young mothers in their efforts to become self-sufficient, delay subsequent childbearing, and promote awareness of child development early in their children's lives in order to break the cycle of poverty and reliance on welfare^{viii}. One of the solutions being implemented in Massachusetts specifically is the Teen Living Program (TLP). TLPs are group homes, clusters of apartments, or networks of homes that integrate housing and services for teenage mothers and their children who cannot live at home because of abuse, neglect, or other extenuating

circumstances. Even though these programs greatly help teen mothers while they are enrolled,^{ix, x, xi} several policy changes could be made to ensure the long-term attainment of all goals for these young mothers.

PROBLEM ANALYSIS

Although teen living programs offer a response to legislation mandates of adult supervision requirements, the success rates of those enrolled decrease dramatically as soon as two years after their exit from the program. Teen living programs should not be simply a response to legislation, but a platform to promote long-term goals of self-sufficiency, the delay of subsequent childbearing, and breaking the cycle of poverty and reliance on welfare. To analyze a problem with a policy, one must “examine what is known about the problem, both locally by contact with people who are affected and more globally by searching the literature to explore the etiology and epidemiology and available responses to the problem”^{xii}. It is also important to consider different facets of the problem, beginning with the broad context before focusing more narrowly on the specific area of the policy to be changed. To analyze this policy, the issue of poverty will be discussed, a brief history of TLP's evolution given, and strengths and weaknesses of current policy articulated.

TEEN MOTHERS AND POVERTY

Though there are many obstacles teen mothers must overcome, one of the greatest is poverty. Research in the last decade estimates that as many as 60 percent of teenage mothers are living below the poverty line, and as many as eighty percent rely on welfare support for at least some portion of time following a teen birth.^{xiii, xiv, xv, xvi} This poverty seems perhaps inevitable for teen mothers, in the eyes of those who see teen childbearing as a symptom of poverty, “a legacy of growing up in an impoverished environment,

with deteriorating schools and dangerous neighborhoods, and few opportunities that provide meaning and status in life”^{xvii}. This poverty is not isolated to the time immediately prior to or immediately following a teen pregnancy: compared to women who delay childbearing beyond their teen years, women who have their first child as a teenager work less, earn less, and are more dependent on federal aid for longer periods in their life^{xviii}.

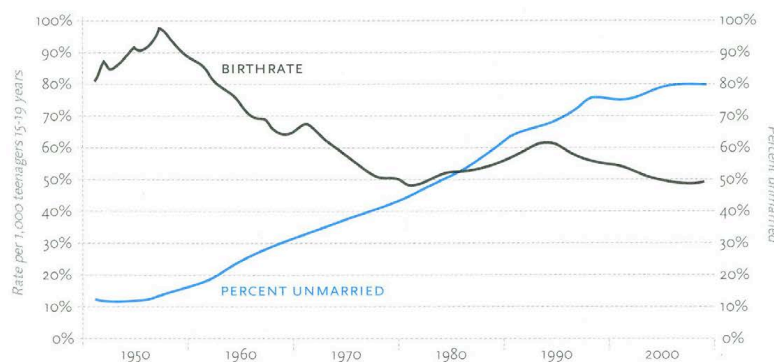
Because most teenagers who become pregnant are economically disadvantaged many teen mothers will apply for federal aid independently of their parents.^{xix,xx} This aid is to be used for themselves and their dependents. Legislation has increased restrictions on and requirements for teen parent eligibility for services. On August 22, 1996, President Clinton signed into law The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), a “comprehensive bipartisan welfare reform plan that dramatically change[d] the nation’s welfare system”^{xxi}. One specific change in the eligibility for Temporary Assistance for Needy Families (TANF) is the requirement that teen parents must fulfill certain living requirements in order to obtain assistance. Specifically, teens must reside with a parent or legal guardian or in another adult supervised setting in order to receive welfare benefits. To respond to this legislation, Massachusetts, using federal block grant funds, has “implemented a formal program and statewide network of alternative living arrangements”.^{xxii}

HISTORY OF TEEN LIVING PROGRAMS AND SECOND CHANCE HOMES

Abraham Lincoln chartered the first Second Chance Home, St. Ann’s, in 1863.^{xxiii} While churches and non-profit organizations have been operating similar group homes or maternity homes for teen mothers for many years after that, there has been a resurgence of interest in teen living programs that has been driven in part by the PRWORA and support of the President, many members of Congress, and state officials.^{xxiv} Massachusetts has used these TLPs as a method of responding to the new legislation mandates that disallow states from spending TANF funds on minor, unmarried, custodial parents who do not live at home or in an adult supervised setting.^{xxv} While most minor mothers live with family members or other adults, there are some who are not able to live at home or with relatives. These minor mothers on welfare are most likely in need of an alternative living arrangement.

Teen living programs in Massachusetts are called Second Chance Homes. Massachusetts (as well as states such as New Mexico, Rhode Island, Nevada, Georgia, and Texas) has allocated resources to Second Chance Homes, making a statewide commitment to serve young mothers who have no other place to go.^{xxvi} The Second Chance Homes National Directory, published by the Social Policy and Action Network (SPAN) in October 2000 lists one hundred homes in 29 states.^{xxvii} Massachusetts alone is home to

FIGURE 1-1



Graphically represents the decline in teen pregnancy rates from 1950 to 2000.

twenty-one² of these sites.^{xxviii} Organizations such as SPAN and the Child Welfare League of America (CWLA) have been actively encouraging the creation and expansion of Second Chance Homes because of the demonstrated effectiveness of their programs.

Massachusetts Second Chance Homes are designed to provide a safe place to live where teens are “supported by a combination of mandated and voluntary services to develop skills that lead to good parenting and self-sufficiency.”^{xxix} Second Chance Homes potentially offer the opportunity to address a wide range of needs for teenage mothers and their children. The desired outcomes of TLP services have been outlined by the Department of Social Services (DSS) and include

Completion of high school or high school equivalency program; increased parenting skills and promotion of a nurturing relationship between parent and child leading to a reduction in the numbers of supported reports of child abuse and neglect; reduction in repeat pregnancy rates; improved health outcomes for teen parents and their children; attainment of healthy growth and development of the children of teen parents; and an increased ability to live independently, including the reduction of dependence on welfare.^{xxx}

The underlying intent of Second Chance Homes is very much in keeping with the objectives of the welfare legislation, promoting the self-sufficiency of young mothers while at the same time emphasizing the well-being of their children.

POLICY STRENGTHS

Massachusetts’ requirement for providing adult supervised housing for teen mothers in need has innumerable strengths. Second Chance Homes really have provided a “second chance” for the young women who enroll in them, helping young mothers to get their lives back on track and become productive members of society. Sites offer educational programming, employment services, childcare, health services, life skills/parenting training, housing

search assistance, counseling, and case management to those enrolled. Teens are more likely to use these services because they are all in one location. Studies show that these dynamic, adaptive, and responsive programs reaped many positive outcomes, especially in areas of educational progress, utilization of health services, and reduction in use of TANF/TAFDC.^{xxxii,xxxiii}

Another strength of Second Chance Homes is their structured nature. This “stems from a belief among program operators that in order to really help young mothers and enforce behavioral change, they need lots of structure and opportunities to learn all the skills that are intended to help them improve their parenting and be able to provide for their children.”^{xxxiii} Even though some teens report being dissatisfied with the amount of rules placed on them,^{xxxiv} most flourish in a structured environment.^{xxxv,xxxvi,xxxvii} Finally, Second Chance Homes allow members of the social work profession to become actively involved in implementing welfare changes. The Massachusetts TLP model of services is “delivered through state contracts with private agencies, and in many of these agencies social workers have key roles as direct service staff and program administrators.”^{xxxviii} Social workers have been underused in the prevention of teenage pregnancy and the monitoring of well-being during pregnancy; most of the responsibility has laid in the hands of educators, who provide sex or abstinence education in a school setting, and physicians or medical staff, who offer contraceptive advice and medical options counseling. Social workers have received training that will allow them to assist in all areas of these comprehensive programs, allowing the best possible help to be given to these clients.

POLICY WEAKNESSES

While Second Chance Homes are comprehensive and effective, there are three major weaknesses inherent in current policy. First, while program goals and objectives are met while teens are enrolled in the program, once relinquished from adult supervised care, many clients revert back to habits of sexual activity, poor parenting, school truancy, and reliance on the welfare system within a matter

of months.^{xxxix, xl, xli, xlii} This demonstrates that follow-up services are lacking in most Second Chance Homes. Teens can exit the program by choosing to leave or becoming ineligible when they turn 20x,^{liii} and the average stay in a Home is only six months^{xliv}. Since service is not long term, it is even more important to follow up with clients to ensure self-sufficiency.

Second, while teens tend to flourish in structured environments,^{xlvi, xlvii} there is also evidence that many young mothers in Massachusetts have dropped out of TLP programs due to the severity of rules and regulations^{xlvi}. In one study clients' main dissatisfactions with TLPs were proved to be lack of independence and too many rules;^{xlix} this dissatisfaction caused 26 percent of those clients studied to voluntarily exit the TLP.

Third, since Second Chance Homes are independent agencies contracted by the state, there is no standardization of services or requirements for program personnel. Client success in Second Chance Homes is largely contingent on the services provided,^{li} and all clients, regardless of the TLP site they are enrolled in, should be given the opportunity to receive the same comprehensive services.

A PROPOSAL FOR CHANGE: GOALS, OBJECTIVES, AND DEVELOPMENTAL THEORY

According to Massachusetts DSS program specifications, the goal of Second Chance Homes is to “enable teen parents to develop, in a safe and supportive setting, the requisite skills and knowledge to be competent parents and to lead independent and productive lives after completion of the program”.^{lii} The objectives, however, are incompatible with this overarching goal. In order to lead independent and productive lives after completion of the program, clients must be monitored after program termination.^{liii, liv, lvi}

Based on current developmental theory, adolescents are at a stage in maturation in which many important cognitive skills are coagulated. These cognitive skills are crucial for

successful adult living, and can not be “taught” to an adolescent in a mere six months, the average stay in the program. Rather, these proficiencies are built over time. For example, adolescents revert back to a sensorimotor egocentrism, in which they find themselves preoccupied with their own behaviors, beliefs, attitudes, and activities most of the time.^{lvii} This is not conducive to becoming a good parent. Teen living programs have the unique ability of monitoring adolescent behavior twenty-four hours a day, and can offer strategies for becoming less egocentric. This also comes with age.

Metacognitive skills are also honed in the stage of adolescence.^{lviii} Teens begin to grasp self-regulatory behaviors, in which they self-monitor thoughts, feelings, and behaviors to reach a goal. While this is a natural stage of development, awareness of self-regulatory behaviors can be heightened under the supervision of those more experienced than the teen themselves. This is another crucial developmental process that directly affects the success of the teen mother and the wellbeing of her child. If teens relinquish their right to be enrolled in the program and are not monitored after exit, these skills may not be in place and will prove detrimental to long-term achievement of program goals.

Finally, Sternberg^{lix} proposes a triarchic theory of intelligence³, which consists of three subtheories: analytical/componential, experiential, and contextual. Sternberg's theory mandates that experiential learning is imperative in successfully completing the adolescent phase of development. This is one of the strongest rationales for program modification; teens must gain socioculturally relevant contextual experience in order to become competent caregivers and adults. This experience can be gained only through guided supervision of novel and complex tasks/situations, and is best provided for teen mothers in an adult supervised environment such as a Second Chance Home.

STATISTICAL JUSTIFICATION

Proving statistical justification of the need for this type of extended service is difficult; there have been few studies that have examined the outcomes of clients enrolled in teen

living programs because of several specific challenges. First, the majority of existing Second Chance Homes are residential in nature, accommodating small numbers of teenage mothers and their children.^{lx} This structure is often conducive to the program setting and service delivery, but it makes any kind of rigorous impact evaluation more difficult due to smaller sample sizes. Also, while many of the skills targeted are easily quantified, such as the attainment of a high school diploma or GED, others, “such as parenting skills or increased self-sufficiency, are more difficult to measure and the anticipated impact may not surface for extended periods of time”.^{lxi} Finally, a rigorous impact evaluation requires the comparison of two groups that are otherwise uncomparable except for participation in a Second Chance Homes. However, neither program operators nor researchers would support the denial of services to teens and their children solely for research purposes.^{lxii}

The limited, preliminary evaluations of Second Chance Homes in Massachusetts are promising. The most current statistics show that only two percent of teens residing in TLPs had a second pregnancy while in the program. Also, about two-thirds of former Second Chance Home residents continued with job or education training; nearly half had found work; and nearly one third had left the welfare rolls.^{lxiii} With continued support after exit from the program, teens would be more likely to continue with their job or educational training, find work, leave welfare rolls, be nurturing parents, and lead fulfilling lives.^{lxiv, lxv, lxvi} To ensure that support is continued in all Second Chance Homes, current policy must be modified.

UTILIZING DYE’S FRAMEWORK

With the need for change justified, the next step of the process is the determination of what change should be made. Dye proposes the rational choice framework for making this decision, which proposes that “policy choice...refers to the selection of the alternative with the greatest potential for maximizing agreed-upon values and goals”.^{lxvii} He suggests generating a list of alternative strategies for achieving the goals, ranking those alternatives in order of the degree to which they are perceived to be likely to achieve the goals being sought, generating a list of

the alternatives’ potential consequences, and, finally, calculating the net value ratio of each alternative.^{lxviii} The net value ratio is “an index of the extent to which alternative choices maximize the values of goals deemed important...The alternative that best maximizes such values after its consequences have been taken into account is the one with the highest net value ratio”.^{lxix} Table 1 depicts the use of Dye’s framework in choosing the best course of action for policy change.

ALTERNATIVE STRENGTHS CONSEQUENCES NET VALUE RANK

Make it mandatory for teens to stay in the program until counselors and teens both decide that teen has acquired skills necessary to exit successfully

- Assurance teens are getting services
- Best way to meet all program goals
- Will have less room for new teens or will cost money to expand program
- Mandate might stop teens from entering in first place
Require counselors to follow up with each teen for a period of three years after exit
- Allows teens to be on their own, but continues limited supervision to discourage regression into disadvantageous patterns
- Will take counselors’ valuable time away from new intakes and those currently enrolled in the program
Ask teens to check in with counselors when they need help
- Allows teens to be on their own schedule
- Will not assure that teens are getting services

Based on analysis under Dye’s framework, the second alternative, requiring counselors at all Massachusetts Second Chance Homes to follow up with each teen for a period of three years after exit, has the highest net value rank of the three. This alternative will be designed and implemented.

PROGRAM DESIGN AND IMPLEMENTATION

Program design for this policy is relatively straightforward, considering the staff that is to do the follow up is already hired and in place, the site is already available, and no

specific curricula need be followed. Second Chance Homes would require that the case manager or counselor assigned to each client keep this client on his or her caseload for a period of three years after exiting the program. Counselors at all Second Chance locations in Massachusetts would be trained over a two-day seminar one month prior to implementation of this policy and once yearly for the duration of their tenure at the Home. Training would include how to correctly use follow-up progress note and evaluation forms⁴, a refresher course on finding resources for teens, a class in teaching parenting of toddlers and young school-age children (the age ranges that most teen's children will fall under after program exit), a refresher course on leading group therapy/discussion, and discussion with other counselors on issues surrounding teenage pregnancy and parenting.

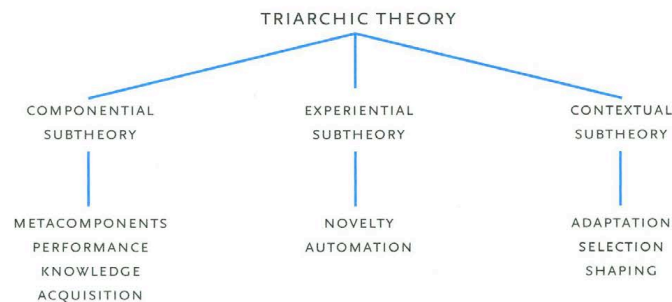
Counselors would be required to follow up with each client once every three months for the first year after exit and once every six months for the next two years. During each year, counselors will run two group sessions (one in January and one in July). These sessions are mandatory "gatherings" where teen moms formerly enrolled in the Second Chance Home will come together to discuss their progress and any problems they may be finding. Counselors are encouraged to collaborate together for these sessions, and include clients from more than one caseload in each group. All follow-up sessions will take place at the client's current place of residence, so that the counselor may get the most accu-

rate portrayal of the teen's living situation. If possible, the teen's child should be present for the session. Follow-up sessions will be conducted informally over at least two hours, with basic areas of concern—found on the evaluation forms—discussed using open-ended questions. The goal of these sessions is to ensure self-sufficiency and healthy personal and social development. Successes and weaknesses alike should be topics of conversation, and the counselor should work with the client to remedy any setbacks.

After each session, the counselor will completely fill out the evaluation form provided and include the form in the client's file. Once yearly the counselor is responsible for meeting with his or her supervisor to discuss the progress of those clients who have exited the program. The supervisor is responsible at that time for compiling the data obtained from follow up sessions to be included in later statistical analysis of the program's (anticipated) success. Three years after exit a client's file can be considered closed, but it is essential that lines of communication remain open for those teens who wish to continue a working relationship with the Home.

The two potential consequences of this new policy include taking counselors' valuable time away from new intakes and those currently enrolled in the program and budgeting for staff training sessions and additional hours accrued from new standards. However, both seem easily surmount-

FIGURE 1-2



Sternberg's Triarchic Theory of Intelligence

RATES OF PREGNANCY, BIRTH, AND ABORTION PER 1000 WOMEN AGED 15-19, AND ABORTION RATIO, BY RACE AND ETHNICITY, 1986-2000

RACE/ETHNICITY & MEASURE	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
TOTAL															
PREGNANCY RATE *	106.7	106.6	111.4	114.9	116.9	115.3	111.0	108.0	104.6	99.6	95.6	91.4	88.7	85.7	83.6
BIRTHRATE	50.2	50.6	53.0	57.3	60.3	61.8	60.3	59.0	58.2	56.0	53.5	51.3	50.3	48.8	47.7
ABORTION RATE	42.3	41.8	43.5	42.0	40.5	37.4	35.2	33.9	31.6	29.4	28.6	27.1	25.8	24.7	24.0
ABORTION RATE †	45.7	45.2	45.1	42.3	40.2	37.7	36.9	36.5	35.2	34.5	34.8	34.6	33.9	33.6	33.4
WHITE ALL															
PREGNANCY RATE *	90.0	89.6	93.0	95.8	98.8	96.6	92.3	90.0	90.0	87.8	84.9	81.4	77.9	73.4	71.4
BIRTHRATE	42.3	42.5	44.4	47.9	51.2	52.6	51.4	50.6	50.5	49.5	47.5	45.5	44.9	44.0	43.2
ABORTION RATE	35.6	35.1	36.1	34.8	33.9	30.4	27.9	26.6	24.7	23.2	22.2	21.1	20.0	18.7	17.9
ABORTION RATE †	45.7	45.2	44.9	42.1	39.8	36.6	35.2	34.4	32.8	31.9	31.9	31.7	30.8	29.8	29.3
NON-HISPANIC															
PREGNANCY RATE *	u	u	u	u	87.3	82.7	77.0	74.6	71.8	68.8	65.5	62.9	60.2	57.4	54.7
BIRTHRATE	u	u	u	39.9	41.5	42.7	41.0	40.2	39.8	38.6	36.9	35.4	34.7	33.6	32.2
ABORTION RATE	u	u	u	u	32.9	28.7	25.3	24.0	21.8	20.5	19.3	18.6	16.9	15.5	14.6
ABORTION RATE †	u	u	u	u	44.2	40.2	38.1	37.4	35.4	34.7	34.3	34.4	32.7	31.7	31.3
NONWHITE ALL															
PREGNANCY RATE *	180.7	180.1	189.1	193.4	189.4	188.5	183.5	177.6	169.0	155.1	148.9	141.6	136.2	130.8	128.2
BIRTHRATE	84.8	85.5	89.2	95.9	96.3	97.8	94.6	91.2	87.5	80.5	75.9	72.6	70.2	66.1	64.4
ABORTION RATE	71.8	70.4	74.5	71.3	67.0	64.7	63.6	62.0	58.2	53.2	52.5	49.4	47.3	46.8	46.3
ABORTION RATE †	45.8	45.2	45.5	42.6	41.0	39.8	40.2	40.5	39.9	39.8	40.9	40.5	40.3	41.4	41.8
BLACK															
PREGNANCY RATE *	u	u	u	u	223.8	223.3	216.6	209.9	198.7	181.4	175.1	168.1	162.0	156.1	153.3
BIRTHRATE	95.8	97.6	102.7	111.5	112.9	114.8	111.3	107.3	102.9	94.4	89.6	86.3	83.5	79.1	77.4
ABORTION RATE	u	u	u	u	80.3	76.9	75.5	73.8	68.3	61.9	61.4	58.7	56.2	55.7	54.9
ABORTION RATE †	u	u	u	u	41.6	40.1	40.4	40.7	39.9	39.6	40.7	40.5	40.2	41.3	41.5
HISPANIC															
PREGNANCY RATE *	u	u	u	u	162.2	169.1	169.7	165.8	164.4	158.5	152.8	143.5	142.5	139.4	137.9
BIRTHRATE	u	u	u	100.8	99.5	104.6	103.3	101.8	101.3	99.3	94.6	89.6	87.9	86.8	87.1
ABORTION RATE	u	u	u	u	38.9	39.6	41.6	39.7	39.0	35.8	35.7	32.7	33.7	32.1	30.3
ABORTION RATE †	u	u	u	u	28.1	27.5	28.7	28.0	27.8	26.5	27.4	26.8	27.7	27.0	25.8

* INCLUDES ESTIMATED NUMBER OF PREGNANCIES ENDING IN MISCARRIAGE OR STILLBIRTH.

† ABORTIONS PER PREGNANCIES ENDING IN ABORTION OR LIVE BIRTH; DENOMINATOR EXCLUDES MISCARRIAGES AND STILLBIRTHS.

NOTES: IN THIS AND SUBSEQUENT TABLES, DATA ARE TABULATED ACCORDING TO THE WOMAN'S AGE AT THE PREGNANCY OUTCOME AND, FOR BIRTHS, ACCORDING TO THE MOTHER'S RACE (NOT THE CHILD'S). NUMBERS AND RATES MAY DIFFER SLIGHTLY FROM THOSE PUBLISHED PREVIOUSLY BECAUSE WE REVISED THE NUMBER OF ABORTIONS IN 1993 THROUGH 1997 AND USED POPULATION ESTIMATES THAT CAME FROM THE 2000 CENSUS. U=UNAVAILABLE.

able. Because each counselor only monitors several clients at a time, they should easily manage the extra eight hours per year (four sessions at two hours per session). Also, training sessions would only be for sixteen hours annually, again not mounting to too much time. While there could be arguments that it would be difficult to find money to pay counselors for those hours, because this is to be a state-implemented and regulated policy, provisions should be made by the state. Fiscal expenditures are minimal for the potentially huge success rates this new policy will entail.

PROGRAM EVALUATION

Two types of evaluation should be used to monitor the progress of this new policy. The first type is formative evaluation “which occurs as the program is initiated and implemented, primarily to address such questions as ‘is the program reaching enough of the at-risk population?’, ‘how much service is being provided?’, and ‘how many resources, and what kinds, are being expended?’”.^{lxx} This type of evaluation will occur continuously as a counselor meets with clients over the three years. The evaluation form includes space to discuss these evaluative questions.

The second type is “summative evaluation, [which] looks at how the program has fared during a specified period of time and examines performance on process objectives, outcomes for clients, and sometimes impact on a target community”.^{lxxi} This will be completed by the Home supervisor, who will compile and analyze all counselors’ data yearly. The data of each home will be compared and compiled to create the state’s annual report, which will be sent to the Department of Social Services, the Department of Transitional Assistance, and to the Governor’s office.

By implementing this new policy, teen mothers in Massachusetts have a greater chance of achieving the long-term goals of self-sufficiency, the delay of subsequent childbearing, and breaking the cycle of poverty and reliance on welfare.

ENDNOTES

- i “Contraception counts: Massachusetts.”
- ii Harris (1997)
- iii Walker and Kotloff (1999)
- iv Walker and Kotloff (1999)
- v Walker and Kotloff (1999)
- vi Kirby (2001)
- vii Kaplan (1997)
- viii “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- ix Collins, Lane, and Stevens (2003)
- x Collins, Lane, and Stevens (2003)
- xi Kirby (2001)
- xii Mattaini, Lowery, and Meyer (2002)
- xiii Maynard (1993)
- xiv Maynard (1993)
- xv Kaplan (1997)
- xvi “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- xvii Harris (1997)
- xviii Harris (1997)
- xix Cherry, Dillion, and Rugh (2001)
- xx Horowitz (1995)
- xxi “Personal Responsibility and Work Opportunity Reconciliation Act of 1996 Fact Sheet.” (1996)
- xxii Collins, Lane, and Stevens, (2003)
- xxiii “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- xxiv “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- xxv Kaplan (1997)
- xxvi “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- xxvii “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- xxviii “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- xxix Collins, Lane, and Stevens (2003)
- xxx Department of Social Services (DSS) (1996)
- xxxi Collins, Lemon, and Street (2000)
- xxxii Collins, Lane, T.S, and Stevens (2003)
- xxxiii “Second Chance Homes: Providing services for teenage parents and their children.” (2000)
- xxxiv Collins, Lemon, and Street (2000)
- xxxv Collins, Lemon, and Street (2000)
- xxxvi Collins, Lane, and Stevens (2003)
- xxxvii Kirby (2001)
- xxxviii Collins, Lane, and Stevens (2003)
- xxxix Kaplan (1997)
- xl Collins, Lane, and Stevens (2003)
- xli Horowitz (1995)
- xlii Maynard (1993)
- xliii Collins, Lane, and Stevens (2003)
- xliv “Second Chance Homes: Providing services for teenage parents and their children.” (2000)

- xlv Collins, Lane, and Stevens (2003)
 xlvi Collins, M.E., Lemon, C., & Street, E. (2000).
 xlvii Kirby (2001)
 xviii "Second Chance Homes: Providing services for teenage parents and their children." (2000)
 xlix Collins, Lemon, and Street (2000)
 l Collins, Lemon, and Street (2000)
 li "Second Chance Homes: Providing services for teenage parents and their children." (2000)
 lii Department of Social Services (DSS) (1996)
 liii Harris (1997)
 liv Kaplan (1997)
 lv Maynard (1993)
 lvi Collins, Lane, and Stevens (2003)
 lvii Santrock (2003)
 lviii Santrock (2003)
 lix Sternberg (1997)
 lx "Second Chance Homes: Providing services for teenage parents and their children." (2000)
 lxi "Second Chance Homes: Providing services for teenage parents and their children." (2000)
 lxii "Second Chance Homes: Providing services for teenage parents and their children." (2000)
 lxiii Second Chance Homes: Providing services for teenage parents and their children. (2000).
 lxiv Collins, Lemon, and Street (2000)
 lxv Collins, Lane, and Stevens (2003)
 lxvi Kirby (2001)
 lxvii Zimmerman (1995)
 lxviii Zimmerman (1995)
 lxix Zimmerman (1995)
 lxx Mattaini, Lowery, and Meyer (2002)
 lxxi Mattaini, Lowery, and Meyer (2002)

REFERENCES

- Boonstra, H. 2002. *The Guttmacher Report on Public Policy*. Washington, DC: The Alan Guttmacher Institute.
- Chapin, R. 1995. "Social policy development: The strengths perspective." *Social Work*, 40(4), 506-514.
- Cherry, A.L., Dillion, M.E., & Rugh, D. 2001. *Teenage pregnancy: A global view*. Westport, CT: Greenwood Press.
- Collins, M.E., Lane, T.S., & Stevens, J.W. 2003. "Teen living programs for young mothers receiving welfare: An analysis of implementation and issues in service delivery." *Family in Society: The Journal of Contemporary Human Service*. Retrieved November 12, 2004, from <http://www.alliance1.org/Publications>.
- Collins, M.E., Lemon, C., & Street, E. 2000. "A consumer view of teen living programs: Teen parents' satisfaction with program components and services." *Families in Society: The Journal of Contemporary Human Services*, 81 (3), 284-296.
- "Contraception counts: Massachusetts." Retrieved October 14, 2004, from http://www.guttmacher.org/pubs/state_data/states/massachusetts.html
- Department of Social Services (DSS). 1996. "Teen living program specifications. *Teen Living Programs: Request for Proposals*." Boston: Author. Harris, K.M. 1997. *Teenage mothers and the revolving welfare door*. Philadelphia: Temple University Press.
- Horowitz, R. 1995. *Teen mothers: Citizens or dependents?* Chicago: University of Chicago Press.
- Kaplan, A. 1997. "Teen parents and welfare reform policy." Welfare Information Network. Retrieved November 12, 2004, from <http://www.financeprojectinfo.org/Publications/kaplan.htm>
- Kirby, D. 2001. "Emerging answers: Research findings on programs to reduce teen pregnancy (Summary)." Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Mattaini, M.A., Lowery, C.T. & Meyer, C.H. (Eds.). 2002. *The foundations of social work practice: A graduate text*. (3rd ed.). Washington, DC: NASW Press.
- Maynard, R. (Ed.). 1993. *Building self-sufficiency among welfare-dependent teenage parents*. Princeton, NJ: Mathematica Policy Research, Inc.
- Maynard, R. 1995. "Teenage childbearing and welfare reform: Lessons from a decade of demonstration and evaluation research." *Children and Youth Services Review*, 17, 1-2, 309-332.
- "Personal Responsibility and Work Opportunity Reconciliation Act of 1996 Fact Sheet." 1996. Retrieved November 13, 2004, from <http://www.acf.dhhs.gov/programs/ofa/prwora96.htm>
- Santrock, J.W. 2003. "Cognitive development." Retrieved November 13, 2004, from http://higher.ed.mcgrawhill.com/sites/007249199x/student_view0/chapter4/key_terms.html
- "Second Chance Homes: Providing services for teenage parents and their children." 2000. Retrieved on November 18, 2004, from <http://aspe.hhs.gov/hsp/2ndchancehomes/>
- Sternberg, R. 1997. *Thinking styles*. New York: Cambridge University Press.
- Walker, K.E. & Kotloff, L.J. 1999. "Plain talk: Addressing adolescent sexuality through a community initiative." The Annie E. Casey Foundation. Retrieved November 18, 2004, from <http://www.aecf.org/publications/data/fullplain.pdf>
- Zimmerman, S. 1995. *Understanding family policy*. Thousand Oaks, CA: Sage Publications.