

SUPPORTING TEEN FAMILIES PROGRAM

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Introduction

Supporting Teen Families (STF) is a home visiting program designed to assist teen parents to develop assets to form safe, healthy families and avoid repeat pregnancies. STF serves both pregnant and parenting teen mothers, her parent(s) or other adult support person, and the father of the baby or her boyfriend. Services are provided by a multidisciplinary team made up of Social Workers, Father's Outreach Specialists and a Nurse. In addition to case management services, participants receive instruction from the *Parents as Teachers* (PAT) parenting curriculum, support and educational group sessions and nursing services. A strong focus on promoting responsible fatherhood is an integral component. STF, is based on "Healthy Start, Hawaii's Statewide Home Visitor Program" (Breakley, et al, 1991), which showed that a family-centered, multi-generational approach to home visiting services has a greater impact on the family as a whole with a greater chance for long-term goal completion, strengthening of the family and reduction of child abuse and neglect.

STF has engaged independent evaluators to direct a quasi-experimental study using pre- and post-tests with program participants and a matched (randomized) comparison group to test the hypothesis that teen mothers who participate in STF with an adult support person AND the father of the baby will have better outcomes than those who participate in the program with only one or neither of these people. The outcome objectives being tested are:

1. Family relationships will be strengthened;
2. Families will learn strategies to become self-sufficient;
3. Families will learn strategies to stay safe and healthy; and
4. Teen mothers and fathers of the baby will demonstrate responsible family planning.

Methods

Although numerous studies exist demonstrating the effectiveness of home visitation programs, there is little research on the impact of engaging the other significant adults in a teen mother's life in such an intervention. The STF program, incorporating an Adult Support Person (ASP) and Father of the Baby (FOB), will advance the research relating to effective home visitation programs for teen parents. The program evaluation is a quasi-experimental design using pre-and post-tests with program participants and a matched (randomized) comparison group. The research hypothesis is: Teen mothers (and their babies) who participate in the STF program with an adult support person AND the father of the baby will have better outcomes than teen mothers who participate in the program with only one or neither of these people.

The Rosalie Manor intake worker randomly assigns mothers into the treatment and comparison groups. Every third mother to sign up is referred to the comparison group, ensuring a two-to-one ratio of treatment to comparison mothers. Family Care Coordinators (FCCs) serving mothers referred to the treatment group try to engage an ASP and FOB (in concert with the Father's Outreach Specialist/FOS). FCCs serving comparison group mothers will only work with the mothers and not engage ASPs or FOBs. While the program model prefers that all treatment participants have both the ASP and the FOB involved, experience leads the staff and evaluation team to predict that the program will in fact have the following treatment groups:

- TX 1 = Teen mothers who participate with both an ASP and FOB (Trios)
- TX 2 = Teen mothers who participate with ASP only (Duo - ASP)
- TX 3 = Teen mothers who participate with FOB only (Duo - FOB)

TX 4 = Teen mothers alone (Solo)

The primary program evaluation instruments are the Core Instrument Surveys developed by the Adolescent Family Life program and subsequently modified to include objectives stated on the STF logic model.

1. Expectant Mothers Baseline (EMB) – given by STF staff during first meeting with participant who is pregnant.
2. Parenting Mothers Baseline (PMB) – given by STF staff during first meeting with participant who is parenting.
3. Expectant Fathers Baseline (EFB) – given by STF staff during first meeting with father of the baby of a pregnant mother
4. Parenting Fathers Baseline (PFB) – given by STF staff during first meeting with father of the baby of a parenting mother
5. Mothers 12-month follow-up (M12m) – given by phone by staff of UW-Milwaukee CUIR when STF participant reaches her one-year anniversary of enrolling in the program, or if a case is closed, whichever comes first.
6. Fathers 12-month follow-up (F12m) – given by phone by staff of UW-Milwaukee CUIR when STF participant reaches his one-year anniversary of enrolling in the program or if a case is closed, whichever comes first.

In addition to the above instruments, evaluators are also using program records from Rosalie Manor, including client Care Plans, staff documentation of client contacts and activities, and the results of the Ages & Stages Development Assessment. Focus groups run by evaluators with STF staff and clients add background to many process and outcome objectives.

Results

STF served 17 teen mothers, 26 fathers and 30 adult support persons from October 2006 through September 2007 (program Year Two). Some of these were mothers who were recruited in Year One who continued to be served in Program Year Two, however,

evaluators were unsure how many due to incomplete data input in the database. By Year Three, RM and evaluators expect to present a complete picture of the number of mothers served by the program across program years. The goal was to serve 200 teen mothers. Thirty-two percent of the participants had another adult registered with them, however, only eight teen mothers (4%) had both an ASP and father of the baby participating - a "Trio." During the same period, five comparison group members were recruited.

Year Two (2006—2007) outcome attainment:

- Only 2 teen mothers of 17 served have had a repeat pregnancy during the program year (11.8.-%);
- Only 3 families (of 17 served) were referred to child protective services (17.6%) during this period;
- 12% of mothers reported they achieved a goal related to the fathers of their children;
- 38% of mothers reported they achieved a goal related to their adult support people;
- Case records show that STF participants are seeking the most assistance from the program in the areas of education & employment, and are generally accessing help from program staff and seeking referrals; and
- STF excelled at health access for teen mothers and babies, with 100% of babies and 95% of teen mothers having a medical home.

Discussion

Process Objectives and Program Implementation. After low father and adult support person recruitment in Year One, evaluators and staff held several meetings to discuss the problem and determine solutions. STF staff had many suggestions to improve the situation, many of which were implemented. Despite these efforts, as of the end of program Year Two, only 13 "trios" had been recruited into the program. That means only 13 of the 192 (6.8%) participating teen mothers have both the father of the baby and an adult support person registered. The primary barrier to recruiting more trios appears to be the recruitment of the fathers of the babies: although twelve new fathers were recruited into the program in Year Two, their average length of stay was quite short, and only one completed a baseline survey.

Comparison Group. Recruitment into the comparison group has been slow. Staff and evaluators worked to develop new ways to ensure that an adequately large comparison group would be recruited to allow for meaningful analysis by program Year Five.

Outcome attainment. Prior experience leads evaluators to project that once the follow-up survey data are available (in Year Three), this data will show program participants strongly agree that the program has helped them achieve a great many of their personal goals in terms of education, housing, relationships, etc. (a high priority goal for the entire STF program).

Implications

1. Participant recruitment and retention is key. The need to recruit significantly more trios into the program during program Years Three and Four cannot be understated. If STF can find a way to recruit and retain more fathers of babies and adult support people, the methods used could be helpful to other programs across the nation.
2. Randomized Comparison Groups. STF is attempting to implement a method of randomizing the selection of a comparison group for the evaluation without denying basic services to any teen mothers who express an interest in the program. There are many questions about using randomized control trials with severely at-risk populations such as the teen mothers being served by STF, but STF is attempting to minimize this risk by providing some limited services even to the comparison group participants. Rosalie Manor staff desire above all to provide services to teen mothers in need, even if doing so without accessing all available program resources and potentially threatening the program's ability to deliver proposed outcomes for the comparison group. This philosophy aligns with many youth-serving agencies' dedication to rising above and beyond the call of duty to serve teens and their families.
3. Staff is an extremely important element in program success. In focus groups, participants attribute much of the success they have in the program to the presence in their lives of the STF staff. Teen mothers, fathers and adult support people all relayed stories of personal interactions with program staff that led to positive results for themselves and their family. The mothers and fathers gave numerous examples of tangible items or services provided by STF staff – formula, diapers, transportation, child care, or funds for professional clothing or haircuts. The question of what makes a strong staff person for a program like STF is not directly addressed by this evaluation, but could be another key element in a successful program.

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Overall Comment:

The introduction was good; however, the reviewer became very confused as to who were the actual teens served and in what numbers. Your results and discussion differ making your discussion also unclear.