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**THE EVALUATION DESIGN FOR
THE TEENAGE PARENT DEMONSTRATION**

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I. INTRODUCTION AND SUMMARY

In September 1986, the Office of Family Assistance (**OFA**) awarded contracts to the States of New Jersey and Illinois to set up and operate demonstration programs of innovative approaches to reduce long-term welfare dependency among teenage parents. The Office of the Secretary, U. S. Department of Health and Human Services (DHHS), awarded a contract to **Mathematica** Policy Research, Inc. (MPR), to conduct implementation, process, impact, cost-effectiveness, and in-depth analyses of these demonstration programs. Subsequently, the scope of the project has been expanded to include a study of child care supply and demand in the demonstration sites. The purpose of this report is to discuss issues relevant to the design of the evaluation of the Teenage Parent Demonstration Project and to document the status of the implementation plans and the evaluation design as of the time of the report writing. The substance of the report draws heavily on our proposal to DHHS to conduct the evaluation project, amended to reflect the actual sites selected, the initial year of planning, and pilot operations to date. Numerous meetings and other communications with the DHHS and **OFA** Project Officers and with the state staff in New Jersey and Illinois who are responsible for implementing the demonstration programs have had a very important influence on the content of this document.

Underlying both the demonstration and the evaluation designs are several parameters and guidelines established by DHHS and **OFA**. These include the following:

Demonstration Sites. The demonstrations will be conducted in two states, New Jersey and Illinois. New Jersey will operate programs in the cities of Camden and Newark, and Illinois will operate its program in selected areas on the south side of Chicago.

Target Population. The demonstration will serve all single teenagers who (1) are new parents and recipients of AFDC, (2) have no child but are pregnant and are AFDC payees, or (3) are parents of one child and are applying for AFDC.

Demonstration Intervention. The demonstration is testing the feasibility and implications of imposing obligations on teenage parent AFDC recipients to engage actively in **self-sufficiency-oriented** activities (including full-time school, training, or employment) as a condition of their continued eligibility for inclusion in the AFDC assistance unit. The demonstration programs

are designed to help these teenage parents fulfill these obligations.

The cornerstone of the program services will be case management to develop service plans aimed at achieving self-sufficiency, to assist the teenagers in fulfilling the plan, and to monitor their compliance with the plan. In addition to case management, the programs will offer an array of workshops and training on subjects that include motivation, world of work, life skills, family planning, and parenting, and they will offer support services-- primarily child care and transportation assistance.

Another major component of the demonstration intervention involves enhanced child support enforcement. The demonstration programs include activities and services aimed at increasing paternity establishment and promoting the participation of fathers in employment-oriented services (either directly or by referral), in an effort to increase their earnings and long-run potential to pay child support.

Sample Design. The demonstration calls for the random assignment of eligible teenage parents to the demonstration treatment (mandatory program participation) or to a control group. A total of about 3,600 eligible teenage parents will be identified in each state over a two-year enrollment period. Half will be assigned to the experimental group and will be required to engage in **self-sufficiency-oriented** activities under the guidance of a service plan and the monitoring of a case manager; the other half will be assigned to a control group that will neither receive special services nor be subject to any mandatory participation requirement.

Evaluation Design. The evaluation design includes the following five study components: (1) an analysis of the effects of the demonstration intervention on a variety of intermediate and **longer-term** outcome measures (e.g., educational achievement, basic skills levels, training certificates, earnings, welfare dependency, and repeat pregnancies); (2) an implementation and process evaluation that will document the nature of the demonstration intervention and provide replication guidelines; (3) a study of child care supply and demand in the demonstration sites and an analysis of the factors that affect child care need and availability; (4) an in-depth analysis of the eligible teenage parents and the experiences of experimentals and controls, and an assessment of the generalizability of these findings; and (5) a cost-effectiveness analysis to judge the fiscal implications of implementing policies modeled after the demonstration program.

Data Collection Plan. The demonstration evaluation will rely on program-collected baseline data on the backgrounds and literacy levels of the sample; information on program participation and service receipt by experimentals, collected through automated case tracking systems implemented at the sites; welfare and UI wage

records data maintained by state agencies; a follow-up survey conducted by MPR with all experimentals and controls 24 months after eligibility determination; and follow-up literacy tests, which will be administered by the programs to those sample members still on AFDC 24 months after eligibility determination and by MPR to other sample members.

Project Schedule. The overall project schedule included a **ten-month** design phase, followed by a three- to six-month pilot program phase. Programs will then be fully operational for approximately three years; during the first two of these years, they will enroll new sample members, and during the last year they will serve teenage parents previously enrolled. During the fifth contract year, both the states and the evaluation contractor will collect follow-up data. Finally, the sixth project year will be devoted to research activities.

The next chapter provides an overview of the welfare-dependent teenage parent population as background to many of the design and evaluation issues discussed in subsequent chapters. Chapter III presents an overview of the demonstration programs in each of the sites. Chapter IV discusses the design of each of the evaluation components. Finally, Chapter V discusses the data collection plan.



II. THE WELFARE-DEPENDENT TEENAGE PARENT POPULATION

The past two decades of program and evaluation experience have greatly improved our knowledge of the factors that influence long-term welfare dependency and of the strengths of various policy options and intervention strategies to reduce it. The long-term welfare dependency problem has been characterized as follows:

- o The majority of welfare recipients have relatively brief spells of dependence.
- o A disproportionate share of welfare dollars is spent on, the relatively small number of welfare recipients who have long periods of dependency.
- o Female recipients who at the time they first received benefits were young single parents are most likely to remain on welfare for long periods of time, and, as a group, these recipients receive the majority of welfare benefits.

Because those who were young when they first received welfare have **well-above-**average expected total durations of dependency on welfare at any point in time, never-married women who entered the rolls as teenage parents dominate the welfare caseload (Ellwood, 1986).

Recent research has highlighted even more clearly the nature of welfare dependency among the teenage parent population. According to estimates drawn from **Maxfield and Rucci (1986)**, over a third of the teenage parents who begin a spell of AFDC receipt will be dependent on AFDC for 10 or more years, and an estimated 70 percent of the teenage parents who are receiving AFDC at any point in time will also have 10 or more years of dependency. The estimated average duration of welfare dependency for these young parents is nearly two years longer than the average for all AFDC recipients (9 versus 7 years).

Efforts to document the public expenditures associated with early childbearing have also brought attention to the economic plight of the teenage parent population. For example, Burt (1986) estimated that in 1985 the public outlay associated with teenage childbearing for three major programs-- Aid to Families of Dependent Children (AFDC), Food Stamps, and Medicaid-- was over \$16 billion. Burt also projected that the public cost associated with the babies born to teenagers in

1985 alone will total \$6 billion, nearly half of which (\$2.4 billion) could be saved if these births had been delayed until the mother's twentieth birthday.

To date, no clear-cut strategies to improve the long-term prospects of **self-sufficiency** among teenage parents have emerged. Nevertheless, the results from numerous demonstrations and evaluations that have been conducted to assess the effectiveness of various interventions to reduce welfare dependency in a general population of AFDC recipients suggest some potentially fruitful strategies. A recent reanalysis and review of previous and ongoing work in this area (Grossman, Maynard, and Roberts, 1985) noted the following points:

- o The thrust of prior interventions has been to provide job-search assistance services and/or employment-training.
- o The interventions have been targeted primarily toward the WIN mandatory caseload (i.e., women who have no children under age six) and, thus, have tended not to serve substantial numbers of those who will, but have not yet, become long-term welfare dependents.
- o The intervention services have tended to lead to small reductions in welfare dependency, with the more expensive subsidized employment-training services exhibiting the larger effects.

Evidence on effective strategies specifically for the teenage parent population is extremely limited. However, research on the dynamics of welfare dependency and on the effectiveness of interventions to promote self-sufficiency suggests that services will be more cost-effective if provided to new recipients rather than to long-term recipients:

- o The expected duration of future welfare dependency is roughly the same among new recipients as it is among those who, for example, are in the third year of their welfare receipt (8.9 versus 9.2 years among teenage recipients).
- o **The** limited evidence on the effectiveness of interventions for teenage AFDC recipients suggests that employment-related services may well be as effective for teenage parents as they are for adult AFDC recipients.

Inasmuch as the latter conclusion is based on evaluations that have neither been targeted specifically toward teenage parents nor served significant numbers of them, it is important to obtain corroborative evidence on ways to intervene effectively with this high-risk group.

The Teenage Parent Demonstration, which will experiment with innovative approaches to reduce long-term AFDC dependency among teenage parents, promises to provide experience and information that are critical for making informed policy decisions to mitigate long-term welfare dependency. Section A discusses factors that seem to contribute to welfare dependency among teenage parents. Section B then discusses possible remediation strategies.

A. CONTRIBUTORS TO WELFARE DEPENDENCY AMONG TEENAGE PARENTS

Young women who become premaritally pregnant have four primary avenues of support for themselves and their babies: marriage and/or support from the child's father; family support; employment; or welfare dependency. While many teenagers rely on some combination of support, increasingly large numbers are relying on welfare payments and other forms of public assistance. Without some structural or policy change, this situation is likely to continue. This section examines some of the factors that contribute to the high rates of long-term welfare dependency among the target population, as they pertain to their support alternatives.

1. Lack of Marriage Partner and Partner Support

Based on current trends in marriage, divorce, and child support enforcement among teenage parents, many premaritally pregnant teenagers will not be able to use earnings from a spouse or partner as the major source of their support. Although there is some speculation that young couples have increasingly eschewed marriage in favor of welfare dependency because of increased welfare benefit levels (Murray, 1984), evidence for this supposition is spotty at best; in fact, a wealth of evidence suggests that this is not the case. For example, analyses by Moore and Caldwell (1977) revealed that AFDC benefits were no higher in states that exhibited high rates of premarital conception than in states that exhibited lower rates, after controlling for statewide differences in benefit formulas and other factors. Furthermore, they found that the availability of AFDC was unrelated to carrying a premaritally conceived

pregnancy through to an out-of-wedlock birth. Similar results have been reported by Ellwood and Bane (1986).

There is an expanding body of evidence that the pool of "marriageable" males (defined as males with a stable source of income) for those teenagers who exhibit the highest risk of early out-of-wedlock childbearing is small and becoming smaller, especially among blacks. Wilson and Neckerman (1985), for example, suggest that, over the past few decades, increases in the rates of joblessness, premature death, and incarceration of black males are key determinants of changes in the family structure of the black population-- particularly teenage out-of-wedlock births-- and that these factors have contributed to the shrinking pool of black men available to support a family.

Furthermore, marriage has proved to be an unreliable source of support for teenage mothers. One of the most well-documented consequences of teenage parenthood is a high rate of divorce. Among the teenage parents who marry, divorce rates are more than twice as high as among those who postpone childbearing (Bahr and Galligan, 1984; Mott and Moore, 1979; and Moore et al., 1979). And some groups who are at high risk of welfare dependency, such as black women, have lower-than-average rates of remarriage and higher-than-average rates of having an absent husband (U.S. Bureau of the Census, 1981). A recent **17-year** follow-up study of teenage mothers in Baltimore revealed that marriage within the first two years after the infant's birth had no effect on reducing welfare dependency in adulthood (Furstenberg and Brooks-Gunn, 1985).

The possibility of support for teenage mothers from their babies' fathers remains even in the absence of marriage (see, for example, Klinman and Sander, 1985). However, such support is generally informal, and is not typically adequate to remove the young mothers from the welfare rolls. Furthermore, it appears that efforts to enforce child support among this population have generally been weak. For example, in 1981, paternity was adjudicated in only 24 percent of all out-of-wedlock births (Wattenberg, 1984). Child-support enforcement with the partners of teenage mothers is especially low (Rivera-Casale et al., 1985; and Wattenberg, 1984).

2. Limits of Family Support

The majority of teenage parents seem to depend on some type of family assistance (Polit et al., 1982). However, the families of teenage parents are

themselves disproportionately poor and, often, are or have been welfare recipients, themselves. Indeed, both the economic circumstances and racial composition of families have consistently been found to be important predictors of early childbearing, with poor black teenagers exhibiting an especially high risk (Zelnik et al., 1981; Michael and Tuma, 1985; and Horn, 1985). Teenage parents are also disproportionately likely to have been raised in families headed by a single parent (Michael and Tuma, 1985; Horn, 1985; Shaw, 1982; and Landy et al., **1983**), often by a mother who herself was a teenage parent (Polit et al., 1982; Hogan and Kitagawa, 1985; and **Testa**, 1983). Thus, for a substantial proportion of cases, financial subsidies from the teenage mother's family are unlikely to cover all of the teenager's and her baby's expenses.

3. Unemployment

The teenage mother's best prospects for avoiding long-term welfare dependency may be through her own employment; yet these young women face numerous obstacles to acquiring and maintaining jobs that pay well enough to support a family. These obstacles are similar to those that face older AFDC mothers (Feldman, 1985; and Gittell and Moore, **1985**), but are compounded by the adolescence and inexperience of the teenage parents. Among the employment barriers faced by the teenagers are the following:

- o Limited Education Credentials. Pregnancy is the leading cause of school drop out among teenage girls (Rumberger, 1983; and Ekstrom et al., **1986**), and teenage mothers, when compared with comparable peers who postpone childbearing, never make up for their educational losses (Mott and Marsiglio, 1985).
- o Low Levels of Basic Skills. Teenage mothers often lack the basic skills necessary either to obtain employment in anything but entry-level positions or even to enter skills-training programs. For example, Polit (forthcoming) is finding that the average receptive vocabulary of a sample of low-income young mothers who gave birth prior to age 18 is on an 11-year-old level.
- o Childcare Needs. A persistent problem that young mothers face in pursuing employment (or pursuing programs designed to enhance employability) is finding adequate child care. Many young parents rely heavily on unpaid care provided by relatives, arrangements that often prove unreliable. Furthermore, young parents often resist and mistrust placing their children in the care of nonrelatives (Polit et al., 1982, 1984).

- o Limited Employment Experience. Teenage mothers usually have limited exposure to the world of work, and the experience they have tends to be in such short-term, unskilled positions as domestic work and fast food services (Polit et al., 1982). McLaughlin (1977) found that early work experience had a particularly strong effect on the earnings potential of women who became mothers before age 19, but disadvantaged teenagers have especially limited opportunities to gain entry into the labor market, as evidenced by their especially high unemployment rates.
- o Repeat Pregnancy. A serious impediment to employment, school completion, and employment program participation among adolescent mothers is that they are at high risk of a repeat pregnancy. For example, the single best predictor of whether the teenager has a subsequent pregnancy seems to be the number of days elapsed since the previous delivery. Polit and Kahn (1985) found that, within 24 months postpartum, 50 percent of a sample of teenage parents had had a repeat pregnancy. Polit et al. (1985) also found strong negative relationships between repeat pregnancies and school attendance, school completion, and employment status. Furstenberg and Brooks-Gunn (1985) found that repeat childbearing within 5 years after a first birth was a powerful predictor of long-term welfare dependency. Based on a simulation of the effects of different policy strategies on welfare dependency among adolescent childbearers, Moore and Wertheimer (1984) concluded that interventions designed to reduced repeat pregnancy would be more effective in reducing welfare dependency than would interventions designed to increase their education.
- o Lack of Employment-Training. Despite the substantial Federal support for the employment-training of youth, teenage parents are underserved. For example, in Pennsylvania, fewer than 5 percent of all teenage mothers on AFDC were served by Job Training Partnership Act (JTPA) programs in 1983-84 (Pennsylvania Task Force, 1985). Burt et al. (1984), in their evaluation of programs administered by the Office of Adolescent Pregnancy Programs, found that fewer than 5 percent of participants were enrolled in job training or employability programs. In part, this situation reflects the performance-driven JTPA system, but it also reflects the inexperience of service providers in dealing with this very needy and difficult-to-serve group.
- o Other Factors. While the preceding factors represent the primary impediments to the success of teenage parents in achieving permanent employment, other characteristics of the population also merit attention in designing interventions: low levels of self-esteem and sense of personal efficacy, limited life management skills, intensive counseling needs, lack of

appreciation of the connection between schooling and employment opportunities, transportation barriers, and youth and immaturity (McGee, 1985a; and Polit, 1986).

In summary, unless teenage mothers successfully establish a stable marital relationship, or unless their families have the resources to provide for both them and their children until they are better equipped to make the transition to adult work roles, they are at substantial risk of long-term welfare dependency because they face a formidable obstacle to achieving self-sufficiency through employment. However, it would appear that, of the three alternatives to welfare dependency, increasing the employability of young mothers is the most amenable to social programming and policy initiatives. The next section describes strategies that have been adopted to date in order to provide the context for the Teenage Parent Demonstration.

B. REMEDIATION STRATEGIES

During the 1970s and **1980s**, as evidence on the high rates of premarital pregnancy and its personal and social costs mounted, programs serving young parents and parenting teenagers proliferated. Service providers increasingly recognized the multiple needs of this population and the difficulties of teenagers in putting together on their own a complete “service package” to accommodate those needs (**Cannon-Bonventre** and Kahn, 1978; and Jekel and Klerman, 1983). Thus, the desirability of offering comprehensive services became evident, and hundreds of generally **small-scale** comprehensive programs are now in operation. These programs typically offer (or broker, through collaborative arrangements with other community agencies) such services as health care, parenting education, nutrition education, family planning services, educational counseling and services, personal and family counseling, recreational activities, and peer-support groups. Until recently, relatively few of these programs offered or **brokered** employment-related and vocational services.

1. Early Employment-Focused Initiatives

The year 1979 was a “watershed” year in terms of conceptualizing the necessity of promoting the self-sufficiency of teenage mothers. In that year, the Women’s Bureau convened a two-day planning conference in which three program models for addressing the employment-related needs of teenage mothers were developed by experts in the field. Under U.S. Department of Labor funding, these

models were implemented in several demonstration sites. However, these demonstrations were neither highly visible nor rigorously evaluated.

In the same year, an innovative demonstration of a comprehensive **teenage-parent** program whose central theme was to “redirect” the lives of low-income teenage mothers into paths leading to economic self-sufficiency-- Project Redirection-- was launched. Although training per se was not a part of the Project Redirection program model, several objectives of the program pertained to long-term economic stability: the attainment of a diploma or GED certificate, the acquisition of skills and experience that would enhance the participants’ employability, and the delay of subsequent pregnancy. A comprehensive array of services was provided or arranged ‘by the programs (see Branch et-al., 1981, 1984; Levy and Grinker, 1983; and Polit et al., 1982, 1985).

The impact analysis revealed a number of important effects, particularly in terms of education and employment.’ Twelve months after baseline, teenage mothers in Project Redirection were more likely than comparison teenagers to exhibit a positive educational status (enrolled in or having completed school), to have engaged in some employment, and to have avoided a repeat pregnancy.

Many of the positive impacts of Project Redirection deteriorated by 24 months after baseline, however. By the end of the study, the two groups were equally likely to have completed school. Nevertheless, 24 months after baseline, the experimental teenagers were more likely than the comparison teenagers to have held a job in the follow-up period, and they achieved higher scores on a test of employability knowledge. These effects tended to be largest for those teenagers who lived in welfare-dependent households at the time they enrolled.

While the long-term results suggested relatively modest impacts (most of which were experienced while the participants were still in the program), the demonstration did reveal that the program model is feasible to implement, attractive to the teenage parent population, and capable of effecting a broad range of outcomes associated with long-term dependency. The results also indicate that those teenagers

¹The impact analysis was not based on an experimental design, but relied instead on a comparison **group** design. There was some evidence that the impact estimates were conservative due to the existence of a negative selection bias among the demonstration participants relative to the comparison group sample members.

who exhibit the greatest degree of initial disadvantage may be expected to experience the greatest gains from the intervention-- a conclusion that has been echoed in many of the employment intervention assessments targeted toward welfare recipients (see, for example, Masters and Maynard, 1984; and Grossman, Maynard, and Roberts, 1986).

2. Current Initiatives and Service Delivery Models

The Office of Family Assistance (**OFA**) demonstration comes at a time when interest in enhancing the employment prospects of teenage mothers is burgeoning. Since the conclusion of the Project Redirection demonstration, several dozen teenage parent programs with a vocational or employment orientation have emerged. Until recently, such programs represented the result of leadership and vision by community service providers at the local level. But the situation changed dramatically in 1985 and 1986, with the growth of activities by national youth organizations, organizations that focus on work/welfare policy issues, and state governments.

Programs that emerged in response to locally perceived needs have recently been studied in depth by Polit (1986). While impact analyses are not available for these programs, Polit has characterized the features that appear to have contributed to the operational success of these employment-oriented programs for teenage mothers: (1) the comprehensiveness of service provision, covering a multiplicity of the young mothers' needs, and often involving extensive interagency coordination; (2) the provision of support services, including child care, transportation, personal counseling, and advocacy; (3) the creation of a sympathetic and supportive program atmosphere; (4) the development of some mechanism for peer-group support; (5) attention to individual needs, including individually paced instructional programs; (6) the offer of program services for extended periods of time in an open-entry/open-exit format, and in a format that accommodates flexible, part-time schedules; (7) the availability of follow-up services; (8) the hiring of sensitive, caring, nonjudgmental staff; (9) the adoption of a holistic approach to service delivery, which frequently entails the involvement of the teenager's parents and/or partner in program services; and (10) a strong case-management system.

New efforts to offer employment-related services to teenage parents are now getting underway. For example, the National Board of the YWCA is implementing an employment demonstration through the assistance of the U.S. Department of Labor; the Manpower Demonstration Research Corporation is in the

pilot phase of a new demonstration, New Chance, which is targeted toward economically disadvantaged young mothers 17 to 21 years old; and the Office of Adolescent Pregnancy and the U.S. Department of Labor have recently funded a number of employment-oriented demonstration programs targeted toward teenage parents.

Policymakers at the state level are also taking an increasingly active role in developing strategies to reduce the welfare dependency of young mothers. For example, several states are addressing this issue through WIN demonstration funds.¹ A handful of states have also launched multi-agency initiatives to help teenage mothers make the transition to productive adult roles, including the Teenage Parent Demonstration states, New Jersey and Illinois (see further discussion of these efforts in Chapter III as they pertain to the demonstration).

In conclusion, concern about the economic consequences of adolescent childbearing has led to the design and implementation of numerous strategies to help young mothers become self-sufficient. However, conspicuously lacking in all of these efforts are plans to undertake rigorous assessments of the impacts of such interventions. Several features of the Teenage Parent Demonstration make it an especially critical component of the current national effort-- its focus on the entire teenage parent AFDC recipient population, the experimental design of its research plan, and the mandatory nature of its intervention. However, the successful implementation of the demonstration requires that we attend to the lessons from efforts to date.

¹ Oklahoma was granted a waiver of the age-of-youngest-child exemption, and special guides for working with teenage parents have been developed. Wisconsin is using WIN funds to finance five teenage parent employment programs operated by community-based organizations, and Maryland is operating six such projects. Nebraska operates the Job Support Program, which provides special support services for teenage parents. Colorado is operating a special WIN demonstration for teenage parents that is exploring the use of social work graduate students as case managers. And Maine operates the Family Services Program to assist teenage AFDC recipients in the areas of education, employability, life management skills, health, and the delay of subsequent pregnancies.

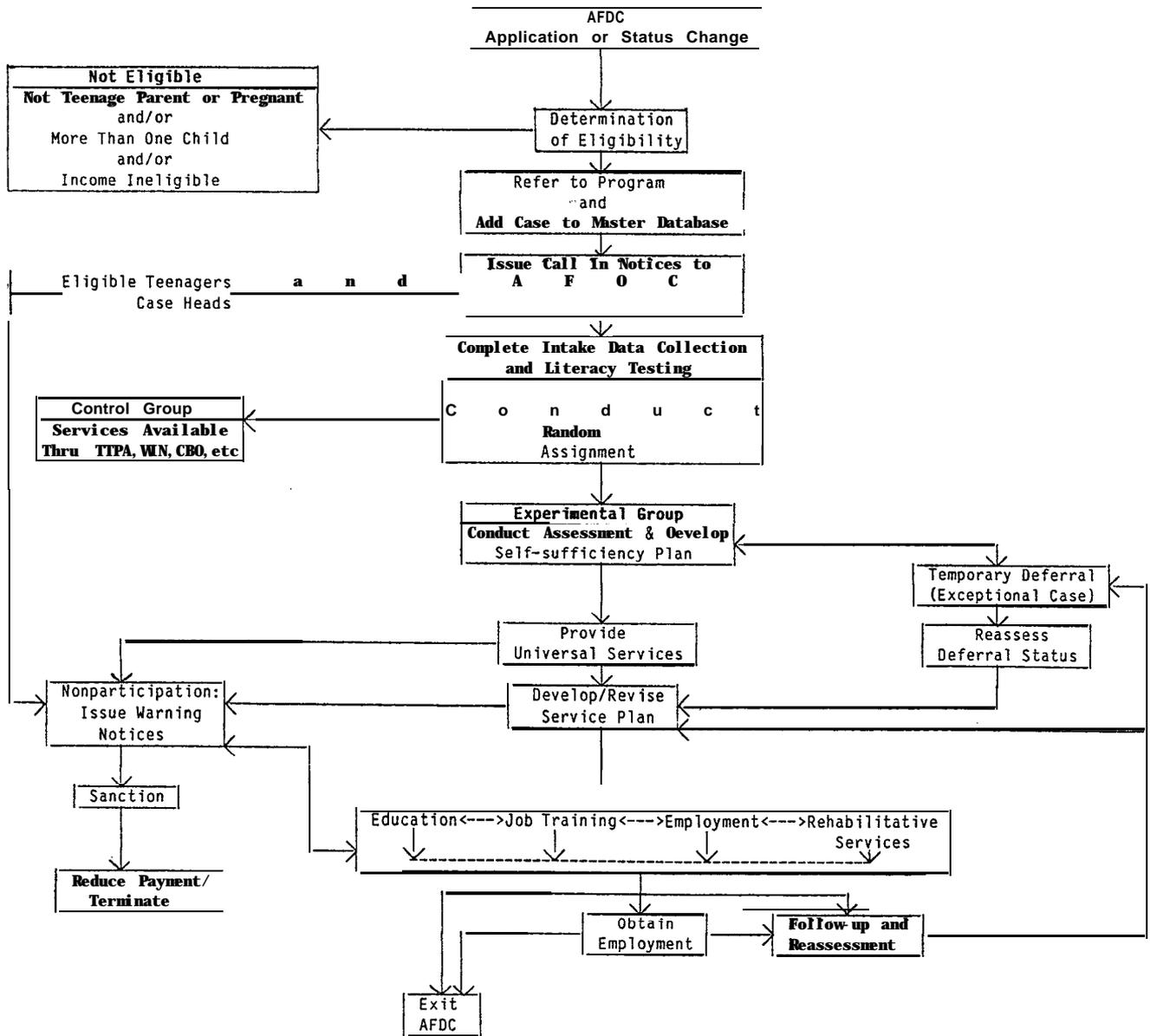
III. THE DEMONSTRATION PROGRAM MODEL AND IMPLEMENTATION PLANS

The primary objectives of the Teenage Parent Demonstration are to identify ways to increase the employment and economic independence of teenage mothers and to identify ways to increase the levels of child support by absent fathers. Thus, several design guidelines were specified:

- o Services should be employment-oriented, since increased earnings and levels of self-sufficiency are 'the primary program outcomes of interest.
- o Demonstration programs should address, either directly or by referral systems, the full range of education, employment, and support services that are central to promoting employment among teenage parents.
- o The programs should be equipped to serve all eligible teenage parents; the participation of the teenage AFDC recipients will be mandatory.
- o The demonstration program designs should call for a case management approach to working with the teenagers.
- o The demonstration intervention should include enhanced child support enforcement efforts.
- o The demonstration must include a rigorous evaluation of the innovative program models (i.e., relying on an experimental methodology).
- o There must be a regular flow of information about the status of the demonstration and, as appropriate, program results and evaluation findings.

Figure III.1 depicts the general demonstration program model that has emerged on the basis of these guidelines. Below, we first outline the most salient features of the program model as it will be implemented in both states. We then discuss the implementation strategy that has been adopted for pilot operations. Finally, we describe **MPR's** technical assistance and monitoring role.

FIGURE III.1
THE DEMONSTRATION PROGRAM MODEL



A. SALIENT FEATURES OF THE PLANNED DEMONSTRATION PROGRAMS

Among the key aspects of the demonstration being implemented are the sites, its target population, the comprehensiveness of its service options, the duration of its intervention, and its child-support enforcement component. Each of these features responds to important policy concerns.

..

1. --The Demonstration Sites

The states of New Jersey and Illinois were selected through a competitive procurement process to run the demonstration programs. New Jersey, which has a county-administered welfare system, is running programs in the cities of Camden and Newark (see Figure 111.2). Illinois is running its program in the areas covered by the District IV Department of Public Aid Regional Offices (see Figure 111.3). As shown in Table 111.1, each of the program service areas is characterized as an urban, low-income area, with a large racial/ethnic minority population. Early experience in identifying eligible teenagers in the three catchment areas suggests that we can expect the monthly flow of newly eligible teenagers to range from about 50 per month in Camden to about 125 per month in the Chicago catchment area..

2. The Target Population

The target population for the demonstration consists of teenagers who for the first time are parents of one child and are receiving AFDC (either as the head of their own cases or as "**minor**" mothers) or who have no children but are in the third trimester of a pregnancy and receiving **AFDC**.¹ The focus on all teenage parents who apply for AFDC for themselves and/or their child is noteworthy in several respects:

- o It establishes a sense of public responsibility to help all **welfare-dependent** teenage parents redirect their lives toward **self-sufficiency**.
- o It challenges a long-time sentiment that work incentives should be restricted to women who have no preschool-age children.

¹ **This** latter condition of eligibility applies only in Illinois, since New Jersey does not provide AFDC to women in the third trimester who have no other children.

FIGURE III.2

LOCATIONS OF THE NEW JERSEY PROGRAMS

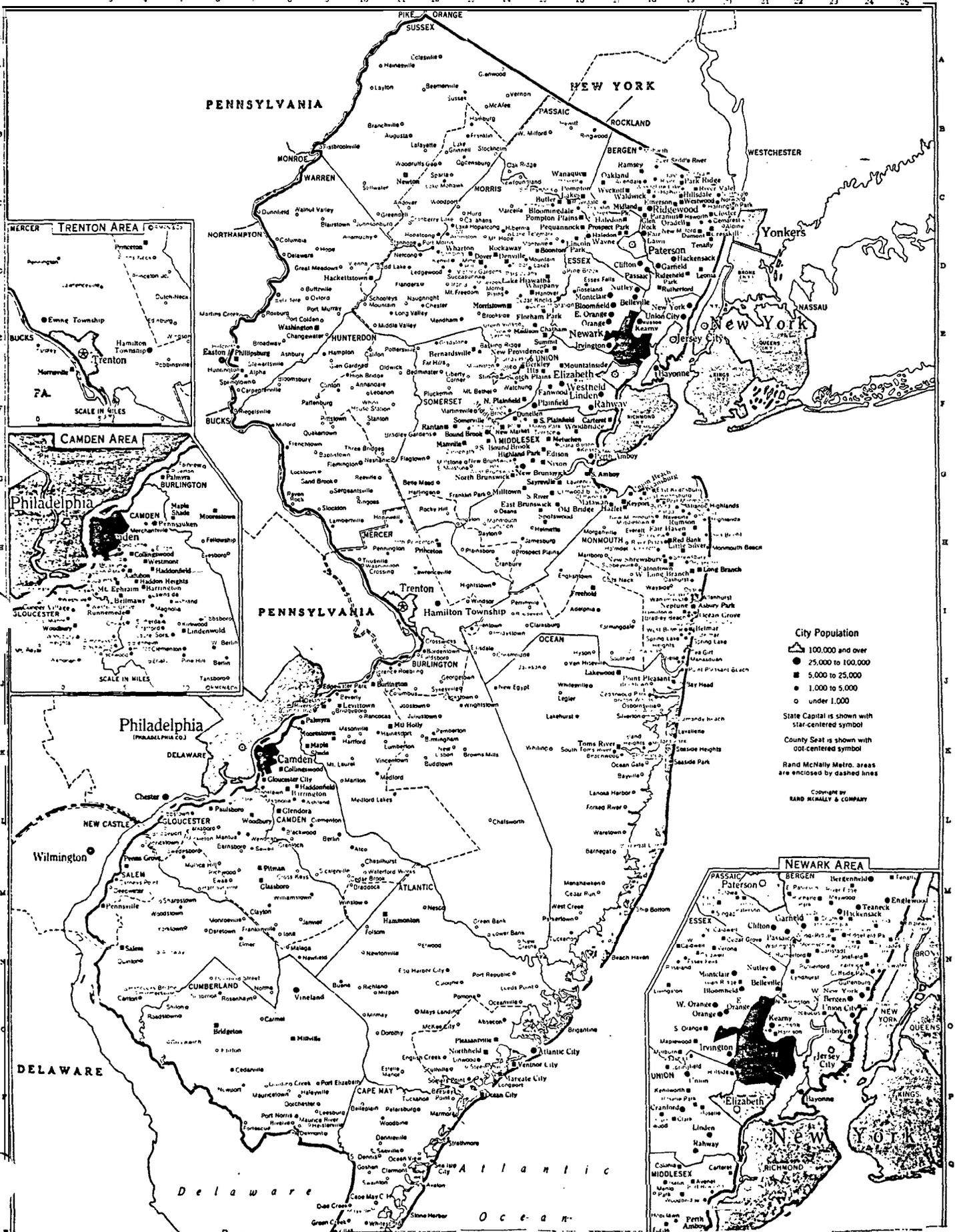


FIGURE III.3

LOCATION OF THE ILLINOIS PROGRAM

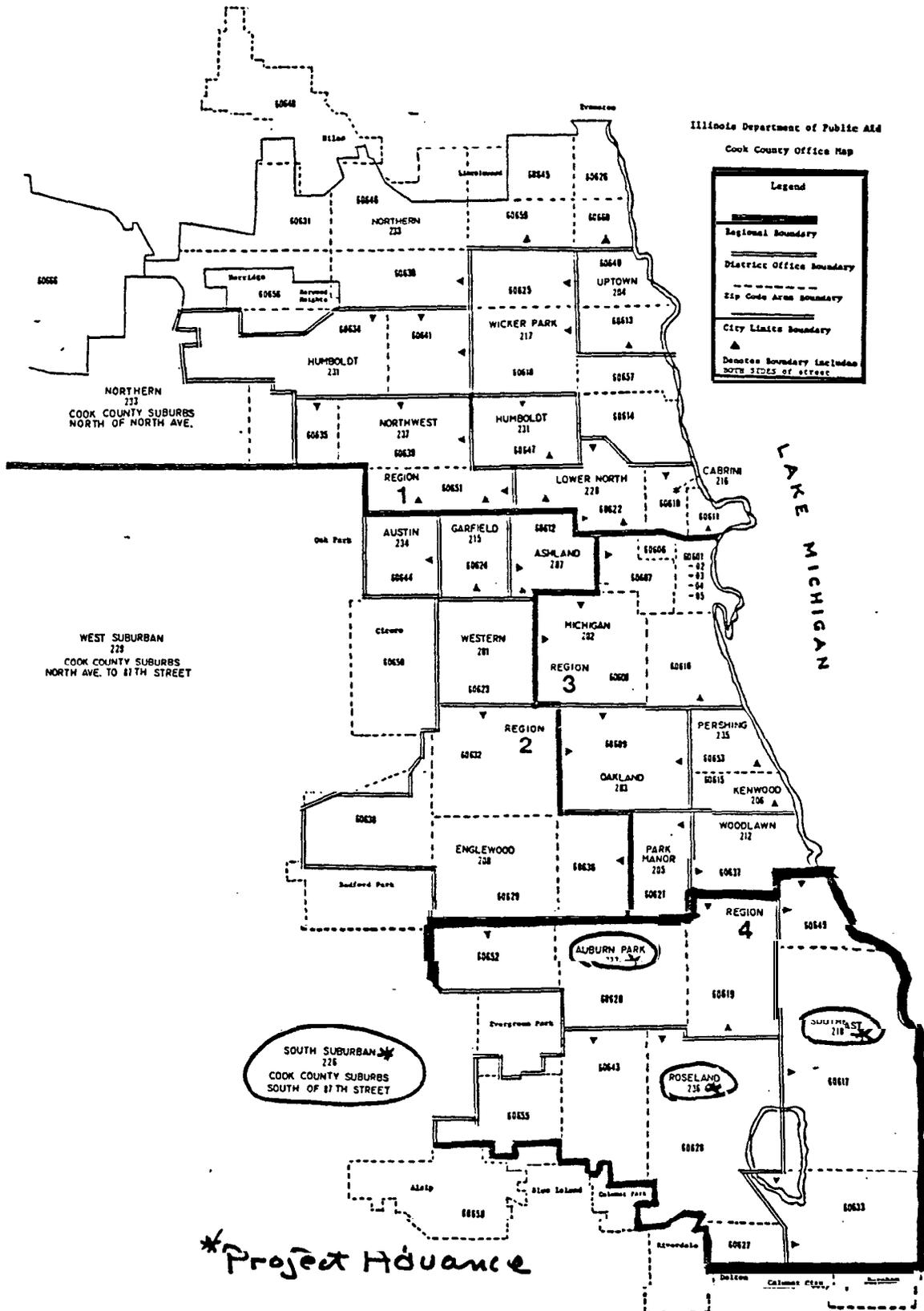


TABLE III.1

CHARACTERISTICS OF THE DEMONSTRATION SITES

	Camden, NJ	Newark, NJ	Chicago, IL
Total Population	84,910	329,248	3,005,072
Race/Ethnicity			
% White-NonHispanic	27.4	22.1	43.2
% Black-NonHispanic	52.4	57.3	39.5
% Hispanic	19.2	18.6	14.0
% Other	1.0	2.0	3.2
Age			
% 10-19 Years Old	20.9	20.3	16.7
% Female, 10-19 Years Old	10.5	10.2	8.3
% Enrolled in School by Age Groups			
7-13	98.3	97.8	98.1
14-15	98.1	97.3	96.7
16-17	84.4	82.7	84.6
18-19	47.6	42.8	48.8
Median Family Income			
All Families	810,606	\$11,989	818,776
Female Heads with Own Children Under Six	4,357	4,307	84,547
% of Families with Female Heads and Children Under Six	14.8	12.6	6.8
% of Families Below Poverty Level	32.3	29.9	16.8
% of Families Below Poverty Level with Female Heads and Related Children Under Six	40.6	38.5	34.5
% of Families Receiving SSI, AFDC, or GA	32.6	30.2	17.0
% of Adult Females with Children Under Six Who are in the Labor Force	37.5	41.3	43.7
Civilian Unemployment Rate (%)	17.9	13.4	9.8
Unemployment Rate of Female Heads of Households (%)	24.1	18.7	12.3

Sources: U.S. Census, (1980, Tables 16, 25, 29, 57, 117, 119, 120, 124, and 125).

- o It affords the first opportunity to conduct a comprehensive test of the nature and extent of the support services required to engage teenage parents fully in services to enhance their economic independence and well-being.
- o It supports a full-scale examination of the cost-effectiveness of alternative service targeting strategies.
- o It provides a unique opportunity to examine the gains to early and enhanced child-support enforcement efforts.

Nonetheless, there are complexities in implementing the proposed definition of the eligible population. These include identifying pregnant teenagers who are not applying for AFDC on their own behalf but are members of a "major-mother's" case, and defining exemption policies. According to program guidelines, teenagers are included in the eligible population only if their pregnancy or motherhood status has affected the welfare grant. That is to say, a teenage parent who is herself on an AFDC grant but whose child is not (either because the child lives elsewhere or because a status change to include the child in the grant has not been made) is not in the target population. Similarly, a pregnant teenager who is part of an AFDC grant, but not a case head, is not subject to the mandatory participation requirement.

Among cases meeting the statutory eligibility requirements, very few are expected to receive exemptions from program participation. Both states plan to rely on the WIN exemption criteria, essentially modified to eliminate the exemption due to child care responsibilities and to largely eliminate the short-term exemptions for such reasons as substance dependence, language barriers, and transportation barriers. In place of the temporary exemptions, the Teenage Parent Demonstration is expected to provide alternative and appropriate interim service plans (see further below).

3. The Demonstration Treatment

The goal of the demonstration intervention is to obligate teenage parent AFDC recipients to engage in self-sufficiency-oriented activities (primarily education or training) as a condition for their continued inclusion in the AFDC assistance unit. The adjudicated fathers of the children of mandatory program participants are also required to participate in the program, if they are AFDC or GA recipients.¹ Program

¹Fathers not on welfare are invited, but not required, to participate in the program.

services are designed to help the teenagers fulfill these obligations. The cornerstone of the demonstration services model is case management to identify service needs, coordinate their provision, and monitor program participation and changing service needs. The case-management approach to service delivery recognizes the fact that these clients are adolescents who need individualized and ongoing attention, guidance, and support. However, in addition to case management, the program emphasizes a full-scale service plan and the matching of teenage parents with a full range of appropriate services (see Table 111.2). The emphasis on offering a full range of services is important in view of the multiple needs of the teenage parent population and their heterogeneity in terms of background, current circumstances, interests, and abilities.

In addition to offering case management services, the demonstrations provide child care support, transportation assistance, and other social services deemed necessary to enable the teenage parents to attend school, participate in job training, and/or find and hold a job. All programs also offer workshops in such areas as family planning, stress management, life skills, job search, and career planning and offer enhanced child-support enforcement. The major education and training services are being provided through referrals to area schools and training programs, including JTPA.

Case Management. Case management is the mechanism through which participation will be monitored and documented. It is also the vehicle through which the special needs of participants will be identified and remedial plans developed. Each program participant is assigned to a case manager immediately following the completion of intake data collection. The case managers work with participants to complete an assessment, which involves one-on-one discussions, home visits, and (possibly) outside evaluation, and to develop a self-sufficiency plan. It is then the case manager's responsibility to work with the participant to ensure that the participant complies with the plan or that appropriate follow-up action is taken.

The self-sufficiency plan (see Figure 111.4) is developed around a long-term goal that will enhance the participant's ability to become economically and socially independent. The plan details a number of activities which the participant is expected to undertake in order to achieve the long-term goal of the plan, including at least one

TABLE III.2
SUMMARY OF PLANNED SERVICES

Service	General Description	Comments	
		New Jersey	Illinois
Case Management	Orientation and assessment, service planning, referral to services, service monitoring	Maximum caseload size of 120	Maximum caseload size of 120
Orientation	Information on participation requirements and services available	Conducted by individual caseworkers	Regularly scheduled sessions
Testing and Assessment	Group literacy test: individual educational, training and social service needs assessment	—	—
Service Plans	Service plans appropriate to current needs and abilities, and program responsibilities for support services incorporated into plan	Developed one-on-one with case managers	Will be developed during assessment
Child Care	Primarily financial support and referrals	Vouchers and referrals	Allowances and referrals. On-site care for participation in workshops and meetings
Transportation	Primarily financial support	Vouchers and some added service for program provided activities	Allowances
Job Training	By referral: primarily older teenagers	Participants given priority for JTPA and WIN training	Primarily referral to Project Chance
Education	By referral: primarily older teenagers	Primarily public schools and on-site GED	Referrals to public schools and special programs. ESL will be provided on-site
Job Search Assistance	Workshops	Provided on-site by Bureau of Employment Programs	Provided on-site by Employment Specialist
Individual Counseling	Provided by case managers and by referral	—	—
support Groups	Special meetings, awards ceremonies, summer camps, etc.	--	A model apartment set up and maintained
Parenting Training	On-site workshops and referrals	--	—
Survival Skills and Household Management Training	On-site workshops	--	—
Family Planning'	On-site workshops, one-on-one counseling, and referral	--	--
Priority for Paternity Establishment and Enhanced Child Support Enforcement	Prioritization of cases within the Child Support Enforcement Agency	Child support liaison	Child support liaison. On-site workshop
Employment Services for Absent Fathers	Job search workshops provided by the program	Provided mainly through JTPA	Provided through Project Chance, if welfare recipient

FIGURE III. 4

SELF-SUFFICIENCY PLAN

PLAN NUMBER: _____ **PLAN DATE:** / / - **PLAN REVIEW DATE:** / / -
PLAN GOAL: _____ **Code:** _____

-----**CLIENT COMMITMENTS**-----

1. **ACTIVITY DESCRIPTION:** _____ **Activity Code:** _____
EXPECTED START DATE: / / - **EXPECTED END DATE:** / / -
Provider: _____ **Code:** _____ **Is activity mandatory?** YES NO
DETAILS/INTERIM GOALS:

2. **ACTIVITY DESCRIPTION:** _____ **Activity Code:** _____
EXPECTED START DATE: / / - **EXPECTED END DATE:** / / -
Provider: _____ **Code:** _____ **Is activity mandatory?** YES NO
DETAILS/INTERIM GOALS:

3. **ACTIVITY DESCRIPTION:** _____ **Activity Code:** _____
EXPECTED START DATE: / / - **EXPECTED END DATE:** / / -
Provider: _____ **Code:** _____ **Is activity mandatory?** YES NO
DETAILS/INTERIM GOALS:

-----**PLANNED ADMINISTRATIVE ACTIVITIES**-----

<u>ACTIVITY</u>	<u>CODE</u>	<u>STAFF ID</u>	<u>TARGET COMPL DATE</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AGREEMENT TO PLANNED ACTIVITIES AND SERVICES

Participant Signature **Date** **Case Manager Signature** **Date**

of the following activities: regular school attendance; job training; employment; or rehabilitative **services**.¹ It also details the planned program services and activities (including referrals to outside services) that are viewed as necessary or desirable for fulfilling the plan's objectives and meeting participation obligations. Case managers monitor the participants' activities and compliance with their service plans, and they work with participants to overcome participation barriers and revise plans as necessary. Case managers are also responsible for making periodic home visits, conducting workshops, and working with community organizations to identify resources to meet participants' service needs.

Support Services. The primary support services offered by the programs are transportation and child care assistance. Child **care** payments and transportation allowances may be authorized as part of the self-sufficiency plans developed by the participant and the case managers. All three sites will encourage participants to rely on child care resources and transportation services which they can access without additional financial assistance. However, subsidies are available, when necessary, to enable them to participate in the activities that are specified in the self-sufficiency plans. Both states require verification that the services were used and that the participant attended the specified **activity**.² The maximum child care payment rates applicable in Project Advance in Chicago and in TEEN PROGRESS in Camden and Newark are summarized in Table 111.3.

4. Program Enrollment, Duration of Services, and Total Caseloads

By design, the Teenage Parent Demonstration will enroll individuals in the program as soon as their eligibility has been established. The rationale for this focus on early intervention is the belief that the sooner services are provided, the more effective the services are likely to be. Thus, as was depicted in Figure 111.1, immediately following intake data collection, eligible teenagers in all three sites will be assigned randomly either to participate in the program and be assigned to a case

¹ Project Advance in Illinois has defined all plan activities as mandatory; TEEN PROGRESS in New Jersey allows case managers to designate one or more, but not necessarily all, of the activities in the plan as mandatory.

² Project Advance can issue prospective payments, while TEEN PROGRESS generally issues expense reimbursements.

TABLE III.3

CHILD CARE REIMBURSEMENT RATES
(MAXIMUM DAILY RATES, EXCEPT AS NOTED)

	Day Care Center			Licensed Day Care Home			Unlicensed Home Care		
	Chicago	Newark	Camden	Chicago	Newark	Camden	Chicago	Newark	Camden
Full-Time Preschool and School Age	\$12.62	\$12.00	\$15.00	\$9.32	NA	NA	\$6.83	\$12.00	\$12.96
Part-Time Preschool and School Age	8.20	1.50/ hour	1.62/ hour	5.85	NA	NA	1.84/ hour	1.50/ hour	1.62/ hour
Full-Time Infant	16.95	12.00	15.00	10.35	NA	NA	6.83	12.00	12.96

SOURCES : Information on Chicago comes from the Draft Project Advance Procedures Manual. Information on New Jersey comes from the case manager supervisors for the New Jersey programs.

NA means that New Jersey does not license day care homes.

manager or to be a member of the control group, which will receive only those services that would ordinarily be available to them.

The preliminary plans for participant enrollments by month are presented in Table 111.4. This table shows the expected intake during a planned four- to six-month pilot period of operations, as well as during the 24-month period of full-scale operations. As shown by these figures, the average planned monthly intake during full operations ranged from 75 new participants in Chicago to 30 in Camden. Over the entire demonstration intake period, it is planned that 3,950 teenage parents will be enrolled in the program, 350 during pilot operations and 3,600 during **full-scale** operations. However, based on early operational experience, the number of eligible participants may not reach these planned levels, in part because of **lower-**than-anticipated numbers of eligible teenagers and in part because the pilot phase of operations extended beyond the planned six-month period.

The demonstration intervention differs from most other interventions in its duration of service provision (up to three years for early enrollees) **and** its mandatory follow-up for a minimum of two years. These two features reinforce the shared responsibility (between AFDC recipients and the welfare system) for promoting **self-**sufficiency. They also respond to a major finding from Project Redirection that the continuity and duration of intervention are important determinants of program success (Polit et al., 1985).

As a result of this commitment to serve teenagers who are receiving AFDC for as long as the demonstration is operational,¹ the total on-board caseload, if the target enrollment levels are achieved, will vary from a low of 14 in the first month in pilot operations in Camden to a high of about 1,500 in Chicago during the last month of program intake (September 1989). These caseload estimates, presented in Table 111.4, assume that 2 percent of the experimentals will leave AFDC each month, implying an average length of program participation in steady-state of two years.²

¹ Ideally, one would continue providing services to experimentals for as long as they receive AFDC. However, for practical reasons, the demonstration services will end in September 1990, one year after the last experimental is enrolled.

² This two-year estimate is consistent with the reported experience of the state-sponsored Young Parent Program in Chicago, Illinois.

TABLE III.4

CASELOAD ESTIMATES BY MONTH OF PROGRAM OPERATIONS

A. ILLINOIS

Mnth	Intake	Cumulative Intake	Turnover	Cumulative Turnover	On Board	Target Caseload	Case Managers	Est. Caseload
1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	37.5	37.5	0.8	0.8	37.5	40.0	1.0	37.5
4	37.5	75.0	1.5	2.3	74.2	60.0	1.0	74.2
5	37.5	112.5	2.3	4.6	110.2	60.0	2.0	55.1
6	37.5	150.0	3.0	7.6	145.4	60.0	3.0	48.5
7	75.0	225.0	4.5	12.2	217.4	80.0	3.0	72.5
8	75.0	300.0	6.0	18.1	287.8	100.0	3.0	95.9
9	75.0	375.0	7.4	25.6	356.9	100.0	4.0	89.2
10	75.0	450.0	8.8	34.4	424.4	100.0	4.0	106.1
11	75.0	525.0	10.2	44.6	490.6	100.0	5.0	98.1
12	75.0	600.0	11.6	56.2	555.4	100.0	6.0	92.6
13	75.0	675.0	12.9	69.0	618.8	100.0	6.0	103.1
14	75.0	750.0	14.2	83.2	681.0	100.0	7.0	97.3
15	75.0	825.0	15.4	98.6	741.8	100.0	7.0	106.0
16	75.0	900.0	16.7	115.3	801.4	100.0	8.0	100.2
17	75.0	975.0	17.9	133.2	859.7	100.0	8.0	107.5
18	75.0	1050.0	19.1	152.2	916.8	100.0	9.0	101.9
19	75.0	1125.0	20.2	172.5	972.8	100.0	10.0	97.3
20	75.0	1200.0	21.4	193.8	1027.5	100.0	10.0	102.8
21	75.0	1275.0	22.5	216.3	1081.2	100.0	10.0	108.1
22	75.0	1350.0	23.6	239.9	1133.7	100.0	10.0	113.4
23	75.0	1425.0	24.6	264.6	1185.1	100.0	10.0	118.5
24	75.0	1500.0	25.7	290.3	1235.4	100.0	10.0	123.5
25	75.0	1575.0	26.7	317.0	1284.7	100.0	10.0	128.5
26	75.0	1650.0	27.7	344.7	1333.0	100.0	10.0	133.3
27	75.0	1725.0	28.7	373.4	1380.3	100.0	10.0	138.0
28	75.0	1800.0	29.7	403.1	1426.6	100.0	10.0	142.7
29	75.0	1875.0	30.6	433.7	1471.9	100.0	10.0	147.2
30	75.0	1950.0	31.5	465.2	1516.3	100.0	10.0	151.6
31	0.0	1950.0	30.9	496.1	1484.8	100.0	10.0	148.5
32	0.0	1950.0	30.2	526.4	1453.9	100.0	10.0	145.4
33	0.0	1950.0	29.6	556.0	1423.6	100.0	10.0	142.4
34	0.0	1950.0	29.0	585.0	1394.0	100.0	10.0	139.4
35	0.0	1950.0	28.4	613.4	1365.0	100.0	10.0	136.5
36	0.0	1950.0	27.8	641.2	1336.6	100.0	10.0	133.7
37	0.0	1950.0	27.2	668.4	1308.8	100.0	10.0	130.9
38	0.0	1950.0	26.7	695.1	1281.6	100.0	10.0	128.2
39	0.0	1950.0	26.1	721.2	1254.9	100.0	10.0	125.5
40	0.0	1950.0	25.6	746.7	1228.8	100.0	10.0	122.9
41	0.0	1950.0	25.0	771.7	1203.3	100.0	10.0	120.3
42	0.0	1950.0	24.5	796.3	1178.3	100.0	10.0	117.8
43	0.0	1950.0	24.0	820.3	1153.7	100.0	10.0	115.4
44	0.0	1950.0	23.5	843.7	1129.7	100.0	10.0	113.0
45	0.0	1950.0	23.0	866.8	1106.3	100.0	10.0	110.6
46	0.0	1950.0	22.5	889.3	1083.2	100.0	10.0	108.3
47	0.0	1950.0	22.1	911.4	1060.7	100.0	10.0	106.1
48	0.0	1950.0	21.6	933.0	1038.6	100.0	10.0	103.9
49	0.0	1950.0	21.2	954.1	1017.0	100.0	10.0	101.7
50	0.0	1950.0	20.7	974.8	995.9	100.0	10.0	99.6
51	0.0	1950.0	20.3	995.1	975.2	100.0	10.0	97.5
52	0.0	1950.0	19.9	1015.0	954.9	100.0	10.0	95.5
53	0.0	1950.0	19.4	1034.4	935.0	100.0	10.0	93.5
54	0.0	1950.0	19.0	1053.5	915.6	100.0	10.0	91.6

- ASSUMPTIONS
1. 4-MONTH PILOT
 2. 24 MONTH INTAKE PERIOD FOR THE DEMONSTRATION SAMPLE
 3. 24-MONTH AVERAGE LENGTH OF STAY (.0208 TURNOVER EACH MONTH)
 4. TARGET SIZE OF THE EVALUATION SAMPLE IS 1800 EXPERIMENTALS

NOTE: CASELOAD TARGETS AND ESTIMATED NUMBERS OF CASE MANAGERS ARE ILLUSTRATIVE. THEY DO NOT REPRESENT SPECIFIC PROPOSALS.

TABLE III.4 (CONTO)

B. NEWARK AND CAMDEN

Month	Intake	Cumulative Intake	Turnover	Cumulative Turnover	On Board	Target Caseload	Case Managers	Est. Caseload
1					ERR			ERR
2	16.7	33.3	0.7	1.0	33.0	30.0	1.0	33.0
3	16.7	50.0	1.0	2.1	48.9	40.0	1.0	46.9
4	16.7	66.6	1.3	3.4	64.6	60.0	1.0	64.6
5	16.7	83.3	1.7	5.1	79.9	60.0	1.0	79.9
6	16.7	100.0	2.0	7.0	94.9	60.0	2.0	47.5
7	37.5	137.5	2.7	9.7	130.4	80.0	2.0	65.2
8	37.5	175.0	3.4	13.2	165.2	100.0	2.0	82.6
9	37.5	212.5	4.1	17.3	199.3	100.0	2.0	99.6
10	37.5	250.0	4.8	22.2	232.6	100.0	2.0	116.3
11	37.5	287.5	5.5	27.7	265.3	100.0	3.0	68.4
12	37.5	325.0	6.2	33.9	297.3	100.0	3.0	99.1
13	37.5	362.5	6.8	40.7	328.6	100.0	3.0	109.5
14	37.5	400.0	7.5	48.2	359.3	100.0	4.0	89.8
15	37.5	437.5	8.1	56.3	389.3	100.0	4.0	97.3
16	37.5	475.0	8.7	65.0	418.7	100.0	4.0	104.7
17	37.5	512.5	9.3	74.3	447.5	100.0	5.0	89.5
18	37.5	550.0	9.9	84.2	475.7	100.0	5.0	95.1
19	37.5	587.5	10.5	94.6	503.3	100.0	5.0	100.7
20	37.5	625.0	11.0	105.7	530.3	100.0	5.0	106.1
21	37.5	662.5	11.6	117.3	556.8	100.0	5.0	111.4
22	37.5	700.0	12.1	129.4	582.7	100.0	5.0	116.5
23	37.5	737.5	12.6	142.0	608.1	100.0	5.0	121.6
24	37.5	775.0	13.2	155.2	632.9	100.0	5.0	126.6
25	37.5	812.5	13.7	168.9	657.3	100.0	5.0	131.5
26	37.5	850.0	14.2	183.0	681.1	100.0	5.0	136.2
27	37.5	887.5	14.7	197.7	704.4	100.0	5.0	140.9
28	37.5	925.0	15.1	212.8	727.3	100.0	5.0	145.5
29	37.5	962.5	15.6	228.4	749.6	100.0	5.0	149.9
30	37.5	1000.0	16.0	244.5	771.6	100.0	5.0	154.3
31	0.0	1000.0	15.7	260.2	755.5	100.0	5.0	151.1
32	0.0	1000.0	15.4	275.6	739.8	100.0	5.0	148.0
33	0.0	1000.0	15.1	290.6	724.4	100.0	5.0	144.9
34	0.0	1000.0	14.8	305.4	709.3	100.0	5.0	141.9
35	0.0	1000.0	14.4	319.8	694.6	100.0	5.0	138.9
36	0.0	1000.0	14.1	334.0	660.1	100.0	5.0	136.0
37	0.0	1000.0	13.9	347.8	666.0	100.0	5.0	133.2
38	0.0	1000.0	13.6	361.4	652.1	100.0	5.0	130.4
39	0.0	1000.0	13.3	374.7	638.6	100.0	5.0	127.7
40	0.0	1000.0	13.0	367.7	625.3	100.0	5.0	125.1
41	X:X	1000.0	12.7	400.4	612.3	100.0	5.0	122.5
42	0.0	1000.0	12.5	412.9	599.5	100.0	5.0	119.9
43	X:X	1000.0	12.2	425.1	567.1	100.0	5.0	117.4
44	0.0	1000.0	12.0	437.1	574.9	100.0	5.0	115.0
45	8:X	1000.0	11.7	448.8	562.9	100.0	5.0	112.6
46	0.0	1000.0	11.5	460.2	551.2	100.0	5.0	110.2
47	0.0	1000.0	11.2	471.5	539.7	100.0	5.0	107.9
48	0.0	1000.0	11.0	482.4	528.5	100.0	5.0	105.7
49	0.0	1000.0	10.8	493.2	517.5	100.0	5.0	103.5
50	0.0	1000.0	10.5	503.7	506.8	100.0	5.0	101.4
51	0.0	1000.0	10.3	514.1	496.2	100.0	5.0	99.2
52	0.0	1000.0	10.1	524.2	485.9	100.0	5.0	97.2
53	0.0	1000.0	9.9	534.1	475.8	100.0	5.0	95.2
54	0.0	1000.0	9.7	543.8	465.9	100.0	5.0	93.2

- ASSUMPTIONS
1. 6-MONTH PILOT
 2. 24 MONTH INTAKE PERIOD FOR THE DEMONSTRATION SAMPLE
 3. 24-MONTH AVERAGE
 4. TARGET SIZE OF THE EVALUATION SAMPLE IS 1600 EXPERIMENTALS

NOTE: CASELOAD TARGETS AND ESTIMATED NUMBERS OF CASE MANAGERS ARE ILLUSTRATIVE. THEY DO NOT REPRESENT SPECIFIC PROPOSALS.

5. Child Support Enforcement

Another salient feature of the demonstration program model is its emphasis on child-support enforcement. At this point, the child-support enforcement components of the programs in each state have been defined to encompass three types of intervention: additional efforts to establish paternity; enhanced child-support collection efforts; and mandatory job search or employment-training for unemployed adjudicated fathers who are receiving public assistance. Although the short-run monetary returns to this component are expected to be quite limited, this is a potentially important vehicle for long-run reductions in welfare dependency among teenage mothers. More importantly, it will encourage and promote social and economic responsibility among absent-parents.

There are several challenges to designing and implementing this program component effectively. First, it will be necessary to coordinate the involvement of the Child Support Enforcement Agencies, which in both states are under the same Department (the Department of Human Services in New Jersey and the Department of Public Aid in Illinois), and the state Judicial Systems. Second, it will be necessary to develop innovative procedures for enlisting the cooperation of the teenage mothers. Third, an effective incentive structure for both case managers and the Child Support Enforcement Agency staff must be developed.

B. THE IMPLEMENTATION STRATEGY

Implementing an effective demonstration of innovative approaches to reduce long-term welfare dependency among teenage parents presents substantially greater challenges than are encountered when designing programs for either adult welfare recipients or disadvantaged youths who are not parents. A summary of the implementation planning topics that must be addressed is presented in Table 111.5. Particular implementation challenges relate to the following issues: (1) identifying, notifying, and enrolling clients, (2) applying random assignment procedures, (3) ensuring that adequate levels of appropriate services are provided, and (4) monitoring service participation and imposing sanctions, as appropriate.

1. Client Identification, Notification, and Intake

The focus of the demonstration on all teenage parent AFDC applicants has important advantages in terms of the policy issues to be addressed. However, to

TABLE III.5

IMPLEMENTATION PLANNING TOPICS

Stage of Implementation	Topics
Demonstration Design	Population Selection Criteria
	Criteria for Exemption from Mandatory Participation
	Policy on Sanctions for Non-Participation
	Definition of required participation
	Definition of sanction penalties
	Definition of Demonstration Treatment Services
	Services provided by case manager
	Services provided by other in-house staff
	Services available from outside providers
	Formal Working Agreements with Other Agencies
Organization and Planning	Sample Selection Procedures
	Intake Procedures
	Completion of special forms
	Randomization process
	Informed consent to experimentals and controls
	Procedures for Monitoring Service Participation and Attendance
	Procedures for Recording the Delivery of Services
	Procedures for Imposing Sanctions
	Locus of responsibility
	Notification process
Appeal process	
Method for removal of sanction	
Summary of Case File Contents	
Implementation and Operations	Physical Facility Plan
	Specification of Demonstration Case Tracking System
	Overall data flow
	Input forms/transactions
	Database description
	Required outputs
	Hardware and communications
	Staffing Plan
	Schedule
	Anticipated caseloads
Formal hiring materials	
Training Plan	
Definition of training curriculum	
Training schedule	
Public Information Plan	

achieve the project goals fully, the program designs must be responsive to several concerns.

First, the design must include **an** operational definition of the target population and intake procedures that ensures that the demonstration sample is representative of the population of first-time teenage parent AFDC recipients in the sites. In both states, this will be achieved through two methods of case review. First, new cases will be screened to determine whether the applicant unit contains an eligible teenage parent. Second, existing AFDC cases containing teenagers will be reviewed each time a status change occurs that involves the addition of a baby to the assistance unit, to determine whether the household contains an eligible teenage parent. As illustrated in Table 111.6, there are five categories of eligible teenagers: (1) teenage parents with one child who are new recipients of AFDC; (2) new teenage AFDC recipients who are in the third trimester of pregnancy and who have no other child; (3) teenage parents of one child who are being added to an ongoing AFDC case; (4) teenagers whose only child is being added to the AFDC case; and (5) teenagers in the third trimester of their pregnancy who are being added to the AFDC assistance units.’

Case heads and the eligible teenage parents in households with an eligible teenager will be notified about the demonstration participation requirements and about their scheduled demonstration intake. Those who fail to report for their scheduled intake session are sent up to two additional notices of a rescheduled date and a warning of the consequences of failing to respond to the notices (removal of the teenage parent from the AFDC assistance unit).

Intake activities consist of sign-in, the completion of an Intake Data Collection Form, the completion of a Literacy Test, and a discussion about future program obligations. Generally, these activities are completed in one-half day.

2. Random Assignment

All teenage parents who meet the statutory eligibility requirements are

¹ Categories two and five apply only in Illinois, since New Jersey does not provide AFDC benefits to those in their third trimester of pregnancy.

TABLE III.6
CHARACTERISTICS OF CASE TRANSACTIONS THAT QUALIFY
FOR PROGRAM SELECTION

	Case Opening		On-Going/Re-Opened		Case (5)
	(1)	(2)	(3)	(4)	
Is There a Case Member <20?	Yes	Yes	Yes	Yes	Yes
Is Case Member "X" Female?	Yes^a	Yes^a	Yes^a	Yes^a	Yes^a
How Many Children Does Case Member "X" Have?	1	0	1	1	0
Is Case Member "X" Pregnant?	No	Yes^b	No	No	Yes^b
Is Case Member "X" Being Added to Case?	NA	NA	Yes	No	Yes
Is the Child of Case Member "X" Being Added to Case?	NA	NA	Yes/No	Yes	NA

NA means the question is not relevant to determining the eligibility of the case.

^a Applicable only in Chicago. New Jersey requires participation irrespective of gender of the teenage parent.

^b New **Jersey does** not provide AFDC to pregnant females who have no other children. Thus, pregnant teenagers will be eligible for the demonstration only in Chicago.

subject to random assignment to an experimental or a control group. The states will submit identifying information (name, case number, payee, individual number, social security number, and date of birth) to **Mathematica** Policy Research, Inc. (MPR). MPR will perform the following steps with the data:

- (1) New cases will be compared against a master list of all previously assigned teenage parents in the site to check for duplicates (cases already randomized) or cases that reside in the same household as a previously assigned teenage parent.
- (2) Experimental statuses will be assigned randomly, and the sites will be informed of those assignments on the day the teenagers report for intake. Duplicate cases and cases from a household with a previously assigned teenager will automatically be assigned the status previously assigned to that individual or household; other cases will be assigned randomly to a status, where the odds of assignment to each status are predetermined and are generally expected to be **50:50.**¹
- (3) All newly assigned cases will be added to a master log of eligible teenage parents in the site, and an evaluation database record will be created for the new sample members.

The success of random assignment depends on the program staff's being fully apprised of its rationale and the operational procedures. It also depends on **MPR's** maintaining the master sample frame and performing the checks of all "new" eligibles against the master sample frame prior to randomization.

Early operational experience has revealed no problems with the random assignment process itself. However, there has been a higher no-show rate than anticipated (about 20 percent, prior to the issuance of sanction notices). If this high no-show rate continues, it may prove essential to modify the point of random assignment relative to intake data collection.

¹ During program start up, two-thirds of the referrals in Camden were assigned to the experimental group to facilitate caseload build-up.

3. Provision of Adequate and Appropriate Services

Successful service delivery implies that active participation in services be truly mandatory. This requires that the programs be prepared to meet social service needs and have adequate referral sources to meet the demand for education and training slots. It also requires that the case managers be able to persuade the teenagers to participate actively in the major components (the education and employment-related services) of the program or in pre-education and training services, if appropriate. This latter point requires that a strategy of incentives and sanctions be delineated and strictly adhered to throughout the project.¹ Furthermore, it is critical that loopholes to mandatory participation be eliminated-- for example, by ensuring that **experimentals** cannot be assigned to the control group upon their reapplication to AFDC.

Providing an effective intervention for this target population requires close attention to their special **characteristics**-- both their assets and their liabilities. In all sites, special efforts will be made to establish linkages with JTPA and area schools and to enlist their support in prioritizing enrollments for the experimentals.

The Chicago program, Project Advance, will draw heavily on the experiences of the Young Parents Program, operated by the Illinois Department of Public Aid in Chicago, to guide its efforts to establish linkages and to receive priority enrollments in area education and training programs. It also has the advantage of a statewide Department of Public Aid employment-training initiative, Project Chance, which coordinates the major training services that will be relevant for program participants, JTPA and WIN. Linkages with the Chicago and South-Suburban School districts are now being strengthened, since a **sizeable** portion of the participants are enrolled in school. It is important to maintain cooperative agreements, with respect both to enrollments and to monitoring the attendance of participants.

The situation in New Jersey's program, TEEN PROGRESS, differs between the two cities. Camden is a community relatively rich in services for teenage

¹ Insufficient services, the lack of commitment by agency staff to the mandatory nature of the intervention, and ineffective incentives/penalties have been cited as reasons for low participation rates in other demonstrations (Kaus, 1986).

parents. For example, employment-oriented programs for teenage parents are offered by the Bureau of Employment Programs, the Department of Public Health, and the Camden County Welfare Agency. However, the existing programs in Camden tend to focus on older teenagers, many of whom have more than one child and have already experienced substantial periods of welfare dependence. In contrast, there seem to be relatively few services in Newark that are targeted specifically toward teenage parents. Nonetheless, school-based programs are available, as is the usual range of JTPA and social services.

Both New Jersey sites will benefit from two related statewide initiatives. One is a statewide system of linkages among agencies serving teenage parents-- The New Jersey Network on Adolescent Pregnancy. The other is the Healthy Mothers, Healthy Babies project, run by the New Jersey Department of Health.¹

Reliance on prior program experiences and existing agency networks will be important in the demonstration because of the unique characteristics of the teenage parent target population. The experience readily accessible to the three demonstration sites will be enhanced though the cross-site exchange of knowledge and experience, as well as by relying on outside expertise. Some of this outside expertise will be acquired directly by the states. However, technical assistance resources available through the evaluation contract will also be directed toward ensuring that the demonstration programs capitalize on the operational experience gained in previous interventions in both states and elsewhere (see, for example, Polit, 1986; McGee, 1985b; Branch et al., 1984; and Riccio and Council, 1985).

4. Client Participation and Program Performance Monitoring

Effective and efficient program operations and service delivery require that the programs have a comprehensive monitoring plan. Both states will rely on automated case records systems to maintain information on client service plans, case

¹ A third statewide initiative, New Jersey's welfare reform initiative, REACH, will also be implemented in Camden and Essex counties during the next few months. Because REACH offers many of the same services that are offered by TEEN PROGRESS, it will be critical that we work closely with the REACH planning staff to ensure that the REACH intervention does not undermine the Teenage Parent Demonstration by offering special REACH services to the control group.

manager-client contact, client participation in program services, client participation in education and training programs or in other referral services, client receipt of support services, child-support enforcement activities and outcomes, and sanction proceedings. These case records provide the basis for managing individual cases. In addition, they provide the basis for guiding and monitoring the activities of and outcomes for case managers, and for monitoring the overall performance of the **program.**

These case management systems, which differ between the states, are intended to serve as the focal point of the case managers' task planning. They will provide detailed case data so as to facilitate working with an individual participant; they also permit generating "task assignment" lists, such as cases due for home visits, cases due for service plan review, or cases in need of program-initiated follow-up for some other reason. The automated databases also permit the periodic generation of reports on program activity and outcomes, both overall and by case manager. (See further discussion of the Case Records System and capabilities in Chapter V.)

C. TECHNICAL ASSISTANCE AND MONITORING

As was noted above, providing effective services to teenage parents on AFDC can be a difficult new challenge for most public assistance agencies, since programs and services designed to promote self-sufficiency have typically been directed toward older AFDC recipients. Teenage parents on AFDC face barriers to self-sufficiency that are different from and far more severe than those faced by older AFDC recipients, whom all state welfare agencies have substantial experience in serving. Furthermore, operating the small voluntary teenage parent programs differs from operating mandatory programs that serve between 600 and 1,500 teenagers at once. Thus, technical assistance (TA) to the states and local agencies operating the programs is a critical component of the demonstration. This assistance has several goals: (1) to ensure that implementation steps have been identified and taken to facilitate the timely start-up of the demonstration; (2) to ensure that the demonstration services constitute a significant and promising intervention appropriate to the needs of teenage parents and distinct from services available to controls; (3) to standardize the intervention specified in the evaluation design; (4) to promote the development of and adherence to procedures that maximize the effective delivery of demonstration services and the rigorous collection of research data; and (5) to monitor

and report on the degree to which operators are in fact delivering the planned program of services.

Table III.5 identified several key planning and implementation issues. To help the states and the individual programs achieve the demonstration goals, MPR provides assistance to demonstration operators in resolving many of these critical demonstration planning and operational issues. This assistance takes three forms: active assistance, responsive assistance, and monitoring. Given the diversity of services that are being offered to recipients, a variety of MPR staff and consultants are providing various forms of TA to the sites:

- Research staff to orient senior agency and demonstration staff and to negotiate responsibilities for data collection
- Research and survey design staff to help define and design data collection forms and procedures
- Survey operations staff to help design and monitor the procedures for identifying and randomly assigning the sample
- Programming staff to help investigate and review the methods for extracting data from agency computer files
- Computer systems-design and programming staff to help develop automated case tracking systems
- Teenage parent program consultants to provide assistance in designing specific program components and training case managers
- Expert consultants to provide assistance in such specialized areas as case manager training and child-support enforcement
- Site monitors to provide continual lines of communication and frequent observations of program activities and to resolve procedural problems

Among the critical areas in which MPR is providing active TA are random assignment, data collection, case management, and in-service training on service delivery. Below, we discuss our plans for and approach to providing technical assistance in each of these areas. However, as the programs gain additional operational experience, we will undoubtedly modify the initial plan in response to newly identified and changing needs.

1. Random Assignment

Strict adherence to the randomized design is central to achieving the evaluation objectives of the demonstration. This requirement, together with the fact that a current, accurate list of all demonstration sample members must be maintained for monitoring and data management purposes, makes it necessary that MPR conduct the randomization. To carry out randomization, MPR has adopted well-tested procedures used in numerous previous projects. These procedures include:

- Obtaining identifying data on all new applicants (or reapplicants) from the sites via telephone (or computerized telecommunications)
- Checking multiple identifiers (names, birthdates, and social security numbers) against a master list of previous applicants
- Assigning an experimental status to the individual (based on a computerized randomization algorithm for new sample members, and the originally assigned status to reapplicants) and informing the sites of the assignments
- Initiating a program database record for new applicants and triggering a status change for reapplicants
- Updating the master log of sample members

These procedures are carried out in a manner that does not impose undue burden on the demonstration sites. MPR has developed the random assignment procedures and conducted two types of on-site training: a general orientation to random assignment (for example, what it is, why we do it, and how to handle questions about it) and specific training in the procedures used to conduct random assignment and generate the master sample frame.

2. Data Collection

MPR developed prototype data collection forms for use by the states. These include Intake Data Forms that can be individually or group administered; Assessment Forms that are to be completed during individual sessions between case managers and participants; and Client Tracking Forms that are compatible with the automated tracking systems.⁷ We have also selected an appropriate basic skills test (TABE Survey, Form M), as well as Vocational Interest and Job Search Knowledge Assessment

Instruments for use by the programs. Finally, we provided assistance in developing notification forms and letters (for example, participation requirement notices, notices to report for services, notices of noncompliance with the participation requirements, sanction notices to **clients** and Income Maintenance workers, and notices to Child Support Enforcement).

3. Case Management

The cornerstone of the program intervention is case management. Therefore, one of the major planning issues that had to be addressed pertained to the approach to case management. Each state needed to define the following:

- o The duties and responsibilities of case managers
- o The qualifications for case management positions
- o The size of caseloads
- o Support for case managers
- o Training of case managers and other staff
- o Performance criteria and monitoring procedures

In April 1987, MPR organized a two-day case management planning workshop for the purpose of expediting the specification of the case management models to be implemented in each state. This workshop was attended by the project managers for each of the three demonstration programs (Chicago, Camden, and Newark), outside experts in case management with teenage parents, State staff, Federal project staff, and MPR staff. Subsequently, MPR compiled a Case Management Resource Guide for the sites, and we continue to serve as an information exchange among the sites and between the sites and outside resources.

¹ MPR has developed the New Jersey Automated Case Tracking System; **MAXIMUS**, Inc., a Virginia-based firm, has developed the case tracking system being used in Chicago.

4. In-Service Training

Each state has a variety of internal and external resources to help it implement specific program components. Thus, the expectation has been that the core training of case managers and other staff would be provided by the states and MPR consultants selected by the states. Project Advance conducted two weeks of substantive training for all project staff prior to program start-up. TEEN PROGRESS provided two days of substantive training to all staff at the onset of its operation and has been providing periodic one-day training sessions to supplement this basic training. Both states have plans to continue a program of in-service training on a variety of topics relevant to serving the teenage parent population. These topics include family planning, life skills, family management skills, parenting, employability assessment, job search skills training, and social services assessments. MPR will work with each state to develop a schedule of in-service training that will be provided by outside experts, as well as experts within the demonstration programs.

5. Monitoring

MPR is working with both states to develop program monitoring procedures. We are also monitoring the programs ourselves using two types of performance measures: (1) adherence to the evaluation data collection procedures and (2) the effectiveness of service implementation. Examples of the performance measures being used are the following:

Evaluation Data Collection Measures

Percentage of assigned sample members for whom baseline data forms are submitted within a defined period (e.g., two weeks after assignment)

Percentage of assigned sample members whose submitted baseline forms contain all required, properly completed information

Results of periodic sample audits (for example, on the percentage of sampled AFDC cases with recent births to teenage parents who have been identified as sample members and randomly assigned)

Model Implementation and Performance Measures

Average lags between the random assignment of experimental group members and their entry into a service component (education, job training, etc.)

Frequency of contacts between participants and case managers

Percentage of participants who are provided with some form of child care or transportation support service

Nature and extent of child-support enforcement activity

Percentage of treatment group sample members who enter education or training components

Verification of service plan compliance and regularity of attendance/participation

All monitoring activities are coordinated with program and state staff to ensure consistency, completeness, and nonduplication of effort. Reports are shared with the programs, the states, and the Federal sponsors. Furthermore, problems that are identified through the program monitoring activity are addressed by the sites, the state, and/or MPR as appropriate.

IV. THE EVALUATION DESIGN

The purpose of the demonstration research is to assess innovative strategies for reducing the long-term welfare dependency of teenage parents. The end-product of the study will be a set of documented policy recommendations that focus on service needs, targeting strategies, and effective implementation models and **performance-**monitoring guidelines. This chapter describes our design for accomplishing the evaluation objectives, taking full account of the particular demonstration sites selected and their implementation plans.

The chapter begins with a discussion of the impact evaluation. Then, Section B discusses the planned implementation and process analysis. Section C describes the in-depth analysis of the eligible teenage parents and of program participants. Section D describes a special study of child care supply and needs in the demonstration sites. Section E describes the cost-effectiveness analysis. Finally, Section F outlines our planned approach to analysis reporting. Data collection needs and systems are discussed in Chapter V.

A. THE IMPACT EVALUATION

The impact evaluation has been designed to address the following fundamental question:

- o To what extent does the demonstration intervention reduce long-term welfare dependency among teenage parents and promote other goals associated with long-term self-sufficiency?

Because the demonstration is intended to focus explicitly on long-term welfare dependency, one focus of the analytical efforts must be on assessing this outcome directly. However, since a precise measure of the impacts on long-term welfare dependency may be difficult to obtain within the time frame of the demonstration, the evaluation design must also focus on intermediate outcomes. Two related observations support the importance of intermediate as well as long-term welfare dependency outcomes: (1) teenage parents often exhibit erratic patterns of **labor-**market activity until their mid-twenties (Furstenberg and Brooks-Gunn, 1985), and (2) the combination of services offered by the demonstrations, while expected to reduce

long-term dependency, may actually increase welfare receipt over the short- and medium-term for some recipients (for example, by promoting their return to school rather than immediate job placement). For both of these reasons, much of our analysis will **focus** on shorter-term intermediate outcomes (such as school attendance/completion, short-term employment and job experience, subsequent births, and the receipt of child support) that have been found to be associated with long-term welfare dependence (see Ellwood, 1986; and Furstenberg and Brooks-Gunn, 1985).

The impact analysis will also address two subsidiary questions:

- o To what extent is the program more effective for some subgroups **of the** teenage parent population than for others?
- o Can particular levels or types of interventions be identified as especially effective in achieving the desired effects on welfare dependency and employment?

Below, we first discuss the key outcome measures associated with these research questions. We then discuss our analytic approaches for addressing them. The third subsection discusses the strengths of and potential problem areas in our research design. The final section outlines our work plan for the Impact Analysis component of the evaluation.

1. Primary Outcome Measures

Table IV.1 presents an illustrative list of the major outcome measures to be used in the impact evaluation. These include measures of the receipt of AFDC and other public assistance, employment and earnings, educational attainment, living arrangements, paternity establishment, fertility outcomes, and parenting.

These outcome measures bear rather different relationships to the welfare dependency question, to the program itself, and to each other. In some cases, the outcomes provide relatively direct measures of expected long-term AFDC receipt or of closely related variables (e.g., current earnings). In other cases, the variables are best thought of as proxy measures that may reflect the potential for increased **self-sufficiency** and reduced welfare dependence (e.g., schooling, training, literacy, or a **decline** in repeat pregnancies). Some of the outcomes may be a direct result of program participation (school enrollment or increased child support)-- indeed,

TABLE IV.1
OUTCOME MEASURES

APDC AND OTHER TRANSFER BENEFITS

- o Receipt of Benefits (Own and Other Household Members)
- o Weeks of Benefits Received
- o Monthly Benefit Amount
- o Left AFDC Rolls, Number of Spells of Receipt, Time Since Last Receipt
- o Receipt of Other Benefits (Food Stamps, Medicaid, **Subsidized Housing**)

EMPLOYMENT, EARNINGS, AND RELATED OUTCOMES

- o Employed, Hours Worked Per Week, Time Until Employed
- o Quarters (or Weeks) Employed
- o Monthly Earnings
- o Enrolled in Job Skills or Training Program
- o Use of Employment Service or Other Job Search Activity

EDUCATIONAL ATTAINMENT

- o Educational Status (Enrolled or Not), Semesters of Attendance
- o Years Behind Grade Level for Age
- o High **School/GED** Completion
- o School Attendance Record
- o Basic Skills Attainment/Literacy

LMNG ARRANGEMENTS, FAMILY FORMATION, AND FAMILY STABILITY

- o Living Alone/with Parents
- o Marital Status
- o Sibling Effects (e.g., AFDC Receipt)

ESTABLISHMENT OF PATERNITY AND CHILD SUPPORT

- o Cooperation in Identifying Father
- o Establishment of Paternity
- o Establishment of a Support Order
- o Amount of Support Collected
- o Relationship between Fathers and Children
- o Earnings of Fathers

PREGNANCY AND BIRTHS

- o Repeat Pregnancy
- o Repeat Live Births
- o Birthweight of Infant (Including Subsequent Births)
- o Infant Mortality

PARENTING

- o Substantiated Child Abuse and Neglect
 - o Removal of Child from Home
 - o Child Care Arrangements
-

participation in some program services (for example, job training components) may be regarded as a desirable outcome in itself. Finally, some of the outcomes will interact with each other (for example, school attendance and current earnings are probably inversely correlated).

It is important to note that two potentially very important areas of program impacts are not included in the evaluation design. One pertains to potential impacts on the children of the teenage parents. The other pertains to direct effects on the fathers. Excluding study components to address these outcomes reflects the setting of priorities rather than a decision that these outcomes are unimportant. In fact, we will work with the states to design data collection plans that maximize what can be learned in these areas, within the context of the current study design.

2. Analytic Approach

Our approach to the impact analysis will involve three types of strategies: (1) estimating period-specific net impacts (experimental-control differences); (2) estimating experimental-control differences in historical-event patterns (hazard models); and (3) incorporating the parameters of the net impact models into a simulation model that will enable us to estimate net impacts under alternative assumptions (for example, under different program targeting strategies).

In general, the effect of the program on the targeted outcomes will be measured by comparing individuals in the treatment group with those in the control group. Although assigning treatments randomly will ensure that simple comparisons of the mean values of outcomes will yield unbiased estimates of program impacts (see the discussion of caveats in subsection 3 below), the precision of the estimates can be enhanced by using analytic models that control for other factors that affect the outcomes of interest. Furthermore, using such analytic models will greatly facilitate conducting subgroup analysis. Hence, most of our analysis will rely on estimation models that, in their simplest form, can be expressed as:

$$(1) \quad Y_{it} = b_0 + b_1 X_{it} + b_2 T_i + u_{it},$$

where Y_{it} is the outcome for individual i in period t ; X is a vector of nontreatment variables that are expected to affect Y_{it} ; T is a binary variable that represents assignment to the experimental group; and u_{it} is an individual and time-specific error

term. The b 's are the parameters to be estimated, and b_2 provides an estimate of the effect of the intervention. This model can be expanded to account for differential impacts among sample subgroups, in a manner detailed in, for example, Grossman, Maynard and Roberts (1985).

In estimating impact models such as the one expressed in equation (1), we will devote attention to the form of the dependent variable: if it is continuous, ordinary linear regression techniques will be used; if it is binary or truncated, nonlinear techniques, such as **probit** or **tobit** analysis, should be used. Furthermore, if the data are used in panel form (for example, if a client's AFDC payments or earnings in each quarter are treated as a separate observation in a pooled analysis), some form of an error-components model that allows for **correlations** among the u_{it} will be used to yield more precise parameter estimates (see Avery and Watts, 1977; and Hausman and Taylor, 1981).

In addition to the standard impact models, we will also use "**hazard** models" to estimate the time-series pattern for such outcomes as repeat pregnancies and AFDC benefit receipt. For example, we will estimate probabilities of exit from AFDC and use these exit probabilities to model the evolution of participants' AFDC receipt, (For examples of such modeling, see Bane and-Ellwood, 1983; and Ellwood, 1986.) Because the length of follow-up for the evaluation is relatively short for such modeling, we will also use alternative modeling techniques (such as examining the interrelationship among program outcomes) to enhance our ability to draw conclusions from relatively short-term outcomes.

The third analytic strategy (the microsimulation approach) will be used to examine the effects of the demonstration on long-term welfare dependency. Most of the outcome measures on which the analysis focuses are associated with long-term dependency, sometimes in rather complex ways. In order to study the relationships more systematically, our microsimulation model will tie the various intermediate and secondary estimated outcomes to the long-term dependency issue. This model, which would represent a variant of the initial work by **Maxfield** and Rucci (1986), will enable us to undertake dynamic simulations of the expected patterns of the outcomes of the demonstration. By examining alternative hypothetical scenarios and conducting sensitivity tests of the modeling assumptions, we will be able to provide policymakers with a range of the likely overall impacts of the program on the AFDC dependency

patterns of teenage parents (together with estimates of the cost-effectiveness of the intervention in achieving those outcomes).

Each of the analytic approaches will rely on control variables that will be determined on the basis of (1) policy-relevant subgroups for the potential targeting of services, (2) existing knowledge regarding correlations and/or causal relationships between background variables and outcomes, and (3) new findings or hypotheses that emerge from the process analysis, from the child care study, or from the in-depth analysis of recipients. Table IV.2 presents a preliminary list of control variables that reflect the first two criteria. This table also indicates the likely direction of the effects of various control measures on long-term AFDC receipt.

3. Strengths and Potential Problems of the Impact Evaluation Design

The random assignment of teenage parents to the treatment offers two related advantages for the analysis: (1) it is possible to use a simple binary treatment variable to estimate the overall impacts of the program with a fairly high degree of statistical precision, and (2) the intervention is not endogenous, thus eliminating the need for complex estimation procedures. Relatedly, to the extent that different intensities or configurations of interventions can be identified, the random assignment of the basic treatment will improve our ability to control statistically for “self-selection” into specific intervention categories (for a discussion on these points, see Corson, Long, and Maynard, 1985; and Burghardt et al., 1985).

Nonetheless, several factors should be noted about the study design in terms of responding to the objectives of the project. These factors pertain to the following issues: (1) the adequacy of the sample sizes for generating statistically reliable impact estimates, overall and for key sample subgroups, (2) the ability to estimate the differential effectiveness of variations in the intervention services received; (3) the possibility of control group “contamination,” and (4) potential biases due to sample attrition.

Statistical Precision. Table IV.3 provides estimates of the size of the overall effects of the demonstration treatment on various outcomes that we believe can be estimated with a reasonable degree of precision under two alternative assumptions: (1) that the analysis of the demonstration is conducted for Illinois and New Jersey separately, and (2) that the analysis relies on data that are pooled across the two

TABLE IV.2

ILLUSTRATIVE LIST OF CONTROL VARIABLES FOR THE IMPACT ANALYSIS

Variable ^a	Expected Effect on Long-Term Welfare Dependency ^b
DEMOGRAPHIC CHARACTERISTICS	
Age at AFDC Application	
Age at First Birth	
Number of Months Pregnant	+
Number of Pregnancies/Children	+
Race and Ethnicity	?
Age of Youngest Child	
FAMILY BACKGROUND	
Married -	
Living at Home	?
Number of Siblings	+
AFDC Household	+
Education of Mother, Father	
Availability of Child Support Payments	
Household Structure (Father Present?)	
Child Care Availability	
EDUCATION, SKILLS ATTAINMENT, AND HEALTH	
Highest Grade Completed	
Years Behind Grade Level for Age	+
Number of Times Dropped Out of School	+
High School Graduate/GED Certificate	
Educational Aspirations	
Job-Related Disability	+
School Status at Application	
Ever Used Contraceptives	
Basic Skills Test Scores	
EMPLOYMENT HISTORY	
Ever Employed	
Length of Longest Job	
Number of Jobs	
Highest Earnings	
Ever Enrolled in Training	
Employment Status at Baseline	
PARTICIPATION IN OTHER PROGRAMS	
Food Stamp Receipt	+
Medicaid Eligibility	+
Living in Subsidized Housing	+
Prior Experience in a Teenage Parent Program	?

NOTE: These and the variables in Table IV.1 are compatible with the "minimum data set" recommended by a panel of experts at a Mott **Foundation**-sponsored conference in June 1986 on establishing guidelines to evaluate teenage parent programs.

^a The control variables would be measured at program intake to avoid problems associated with simultaneity.

^b Anticipated directions are based on previous research of the general AFDC population. Question marks indicate variables for which there is not strong evidence about the sign of the relationship with welfare dependency.

TABLE IV.3
ESTIMATED MINIMUM DETECTABLE PROGRAM IMPACTS
ON VARIOUS OUTCOMES

Outcome	<u>New Jersey</u>			<u>Chicago,</u>	<u>Three-Site</u>
	Camden	Newark	Total	Illinois	Analysis
Monthly AFDC Benefits	\$10.17	\$8.30	\$6.44	\$6.44	\$4.55
Monthly Earnings	\$12.96	\$10.58	\$8.20	\$8.20	\$5.80
Number of Semesters of Post-Baseline Schooling	0.16	0.13	0.10	0.10	0.07
Outcomes with 50 Percent Likelihood (left AFDC; school attendance; repeat pregnancy at 24 months)	6.30%	5.14%	4.00%	4.00%	2.80%
Outcomes with 20 Percent Likelihood (employment at follow-up; attainment of GED/diploma; low birth weights; receipt of child support)	5.10%	4.16%	3.20%	3.20%	2.30%
Estimated Sample Size	1,440	2,160	3,600	3,600	7,200

NOTE: The table assumes that a one-tail test is used to ascertain whether experimental and control means differ statistically from each other at the 95 percent level of confidence, and that the required level of statistical power for detecting such differences is 80 percent. Sample sizes are assumed to be 3,600 per state, split equally between experimentals and controls; further, they are based on the assumption that 85 percent of the **participants** have complete data for analytical purposes, and that regressions have an R^2 of 0.2. The following are the standard deviations used in the calculations and their sources:

<u>Variable</u>	<u>Standard Deviation</u>	<u>Source</u>
Monthly Earnings	\$102	Maxfield and Rucci (1986)
Monthly AFDC Benefits	\$80	Maxfield and Rucci (1986)
Semesters of Schooling	1.2	Polit et al. (1985)

states. For two reasons, it is desirable to conduct state-specific analyses, even if pooling is acceptable on statistical grounds. First, the programs will differ in terms of service content and the use of case managers; and, second, the individual states will have interest in program-specific evaluations.

As shown in Table IV.3, we estimate that, for each state, the planned sample size will permit us to **detect**¹ program effects that are smaller than have been found in most previous evaluations. For example, in Chicago and the pooled Camden-Newark analyses, we estimate that, if true program impacts are in the range of \$6 per month reductions in AFDC benefits, \$8 per month increases in earnings, and 3 to 4 percentage point changes in binary outcomes (such as the likelihood of a repeat pregnancy or welfare dependency), statistically significant estimates of program impacts should be observed in our analyses. Although the precision of impact estimates will be smaller for analyses of the Camden and Newark programs, minimum detectable differences are still within ranges that we may reasonably expect to occur.

The precision estimates in Table IV.3 also seem sufficient from the perspective of a benefit-cost analysis. For example, assuming a 4 percent real interest rate and a 15 percent annual rate of decay in relative welfare benefit reductions, the present value of a \$6.44 per month reduction in benefits is approximately \$400. Since net per-recipient program costs are expected to range between \$1,000 and \$2,000, the design ensures a high probability of detecting impacts that are large enough to pass a benefit-cost test from the taxpayer **perspective**.²

¹For example, the Grossman, Maynard, and Roberts (1985) reanalysis of six employment and training programs targeted toward AFDC recipients found that employment and earnings increases for most of the programs studied exceeded the minimum-size impacts that we expect to be able to observe statistically in this demonstration. Estimates of reductions in AFDC benefits in these previous studies were less consistent than the earnings estimates. However, for the major policy interventions studied, reductions that were considerably greater than those shown in the table were generally found. Polit et al. (1985) provides estimated impacts of the program outcomes other than welfare receipt and earnings, which also are within reasonable ranges of the impacts that we expect to be able to detect with our samples.

²This statement assumes that AFDC benefit reductions typically observed in programs to reduce welfare dependency are not dominated by short-term outcomes that tend to delay such reductions.

Subgroup Results. Two types of questions might be asked about subgroups in the demonstration: (1) Was the program effective for a particular client group? (2) Was the program more effective for one group than for another? Minimum experimental/control differences that are detectable for selected subgroups who constitute various percentages of the overall sample are presented in Table IV.4. Assuming that state-specific analyses are conducted, there are good prospects of detecting program effects of the size that are found in other studies for subgroups that constitute at least 30 to 40 percent of the sample.¹ For example, assuming that about 50 percent of the sample has less **than nine** years of schooling, we should be able to detect experimental/control differences of about \$9 per month in AFDC benefits for those who have completed fewer than 9 years of school and those who have completed 9 or more years.² For smaller subgroups, some true effects may go undetected if they are modest in size, even though the point estimates of impacts will be unbiased.

Our ability to determine with confidence any differences in the relative effectiveness of the intervention between subgroups of teenage parents is lower than our ability to estimate whether program impacts occurred. Table IV.5 presents estimates of the minimum detectable differences in various outcomes among experimentals in four illustrative overlapping subgroups of the sample (defined by (1) education, (2) age, (3) work experience, and (4) marital status). Although estimates of the relative effectiveness of the intervention will be unbiased, our ability to detect differences in the effectiveness of the intervention is limited if the Chicago, Newark, and Camden samples cannot be pooled. If data can be pooled across the sites, however, the size of detectable differences among subgroups would approach levels that have been observed in other studies.

Effectiveness of Program Components. The interventions presently planned by Illinois and New Jersey include many components, each of which may promote economic self-sufficiency among teenage parents. There is an obvious interest in knowing which aspects of these interventions work best. Although a design based on

¹ If Newark and Camden require separate analyses, the figures in Table IV.4 should be increased by about 50 percent. In this case, it would be difficult to detect experimental-control differences for all but the largest subgroups.

² This estimate is based on data from **Maxfield and Rucci**, (1966).

TABLE IV.4

ESTIMATED MINIMUM DETECTABLE IMPACTS IN THE
ANALYSIS OF SUBGROUPS WITHIN EACH STATE

Percent of Sample in Subgroup	Illustrative Subgroup	Estimated Number in State	Monthly AFDC Benefit	Monthly Earnings	Semesters in School	Binary Outcomes	
						Mean of 50 Percent	Mean of 20 Percent
15	Married	540	516.61	\$21.15	0.25	10.4%	8.4%
25	Currently in School	900	\$12.88	\$16.39	0.19	8.0	6.5
30	More Than One Child,	1,080	11.76	14.97	0.18	7.4	5.9
35	No Work Experience	1,260	10.89	13.87	0.16	6.8	5.5
40	Age Younger-Than 18	1,440	10.19	12.97	0.15	6.4	5.1
50	Completed Less Than 9 Years of School	1,800	9.11	11.60	0.14	5.7	4.6
60	Age 18 or Older	2,160	8.22	10.59	0.13	5.2	4.2
70	Only One Child	2,520	7.70	9.80	0.11	4.8	3.9
80	Living at Home	2,800	7.20	9.17	0.11	4.5	3.6

NOTE: Assumptions are specified in Table IV.3. If data can be pooled across the three sites, minimum detectable differences will be only 71 percent as large as the estimates shown in this table.

TABLE IV.5

ESTIMATED MINIMUM DETECTABLE DIFFERENCES IN PROGRAM EFFECTIVENESS
BETWEEN SAMPLE SUBGROUPS WITHIN A STATE

Characteristic Definina Subgroups for Comparison	Estimated Compos it ion of Sample	Month ly AFDC Benefit	Month ly Earnings	Semesters in School	Binary Outcome5	
					Mean of 50%	Mean of 20%
Education	50% 9 Years or Less	112.87	16.39	0.19	8.0%	6.5%
Younger/Older Teens	40% Younger Than 18	13.15	16.74	0.19	8.2	6.6
Work Experience	35% No Experience	13.50	17.19	0.20	8.4	6.8
Marital Status	15% Married/Separated/ Divorced	18.14	23.09	0.27	11.3	9.1

NOTE: Assumptions are specified in Table IV.3. If data can be pooled across the three sites, estimated minimum detectable differences will be .71 times as large as those shown in this table.

the random assignment of demonstration participants to program components would provide the most reliable answers to this question, neither we nor the states advocate such a design for this evaluation. Instead, we will complement the rigorous estimation of the overall impact analysis with an analysis of the differential effectiveness of particular program components, relying on statistical controls for the selection/receipt of different sets or intensities of services.’ (This statistical analysis will also be complemented by the process and in-depth analyses discussed below.)

Control Group Contamination. All three demonstration sites, but especially Chicago and Camden, have a number of ongoing or planned program initiatives directed toward teenage parents. Although it currently appears that, for the most part, these initiatives will not involve substantial numbers of the demonstration control group (since they are targeted toward different localities or groups of young parents), a careful monitoring of the situation is warranted.

Our analytic strategy is based on estimating experimental-control differences resulting from demonstration services. If demonstration services differ little from the services received by the control group, estimated net program effects can be expected to be minimal, even though the program may have significant impacts. That is, the program may be very effective, but not significantly more effective than other services currently available to teenage parents in the demonstration sites.

Our first approach to ensuring that the impact analysis results accurately reflect the effectiveness of the program is to fully document the counterfactual against which it is being judged. Controls should receive only those services normally available in the community. If there is evidence of significant service receipt by controls, we will attempt to decompose the program outcomes into three

¹ See Corson, Long and Maynard (1985) for a discussion of the analytic procedures that are used to control for biased selections to program components. The success of these techniques depends on one’s ability to identify and model the selection process (see, for example, Burghardt et al., 1985; Heckman, 1979; and Maddala and Lee, 1976). We are not fully confident of our ability to model this selection process. The case manager models adopted by the states, together with the complexity of the package of services to be offered, suggests that identifying systematic **influences on the selection process may be difficult and** not amenable to strong statistical reliability. Nevertheless, some exploration of this type of analysis is warranted because of the high pay-off if it is successful.

components: that which would have occurred in the absence of any intervention; that due to nondemonstration services; and that due to demonstration services. This decomposition will be accomplished through econometric procedures that control for service selection decisions.

Attrition Bias. Some of our analysis will rely on records follow-up data (e.g., welfare receipt and UI reported earnings), which should be available for all sample members. However, in evaluations that use the follow-up survey data, “attrition” due to nonresponse poses a potential problem. If nonresponse is truly random, the principal problem is a loss in the statistical precision of the estimates. However, to the extent that respondents differ from nonrespondents in unmeasured ways, net impact estimates may be biased, unless the response bias can be controlled for statistically. In numerous previous evaluations relying on follow-up survey data, no evidence of significant response bias has been found. Nonetheless, our empirical analysis of the survey data will test for the presence of response biases and, if necessary, will make statistical adjustments for them.

4. Work Plan for the Impact Analysis

The impact analysis will involve four major tasks: preparation for data collection activities; data collection; data analysis; and report preparation. These activities are described below.

Preparation for Data Collection. Data for the impact analysis portion of the study will be gathered from a variety of sources, including baseline intake forms and literacy tests, participant assessment forms, participant tracking records, agency records (e.g., AFDC payment and unemployment insurance wage report data), 24-month follow-up interviews, and 24-month follow-up literacy tests. The content and scope of these various data sources are described in Chapter V of this report. The evaluation team has guided the development of appropriate data collection instruments, the selection of suitable literacy tests, and the finalization of arrangements to retrieve the requisite data from agency records.

The baseline Intake and the Assessment Forms have been developed and extensively pretested during the pilot phase of program operations. These instruments collect all of the control variables that were listed in Table IV.2, as well as other information that will enable us to fully describe the characteristics of the research

sample. A literacy test, the Test of Adult Basic Education (TABE) Survey Form, level M, was chosen based on the appropriateness of the test for the target population, the length of the test, and the availability of norms.

MPR has also played a major role in helping the states develop and implement procedures for tracking and monitoring the in-program experiences of participants. Tracking data necessary for monitoring the activities **and** needs of clients, managing the programs, and supporting the evaluation were defined- in collaboration with the states. MPR developed a PARADOX-based automated client tracking system for use in the New Jersey programs, and **MAXIMUS**, Inc., developed a system written in C language for use in Chicago.

The follow-up data collection instruments will contain most of the outcome measures for the impact analysis, with the exception of information obtained through agency records, such as levels of welfare benefits. Development of the **24-month** follow-up interview will begin in the summer of 1989, since it will be necessary to begin fielding the instrument in early 1990. These will be pretested and submitted to OMB for clearance prior to their use.

MPR is responsible for training the program staff who will administer most of the evaluation instruments (all but the **24-month** follow-up instruments). Training occurred at the outset of the pilot phase and is being repeated on an as-needed basis as new staff are added to the project. The instruments administered during the pilot phase have been carefully scrutinized to determine the need for further revisions to the forms or in the administration procedures. In particular, attention has been paid to such issues as item nonresponse, inappropriate item responses, the readability of the responses, and the failure to follow skip patterns.

MPR is working with the sites to develop procedures for tracking respondents who are no longer AFDC recipients. In 1989, we will work with the sites to set up procedures to track sample members scheduled to respond to the 24-month survey.

Data Collection. Procedures both for calling-in the research subjects for the data collection and for administering the instruments were developed and refined during the pilot phase of program operations and will be fully implemented in early 1988. As described above, the welfare agency staff are responsible for overseeing the collection of most of the evaluation data. The intake form and baseline literacy test are administered to both experimental and control group members in group settings at

the program sites. The assessment form is administered by the case managers in a one-on-one format with program participants.

The **24-month** follow-up data collection will begin in early 1990, when intensive efforts to track subjects will commence. Subjects with telephones will be administered the **24-month** interview by telephone, and in-person interviews will be administered to both recipients without telephones and to non-AFDC recipients. **Non-**recipients also will be administered the literacy test at the time of the interview. Subjects who are still receiving AFDC (both experimentals and controls) will be contacted by the programs and asked to report for a group administration of the literacy test.

Data Analysis. Before proceeding with the actual analyses of the evaluation data, the impact team must address a number of substantive and technical questions that cannot be answered at this time. These questions include the following: (1) How should the intervention plans be defined and modeled? (2) Has comparability across sites been achieved? (3) What are the implications of any cross-site differences **vis-a-vis** the impact analysis? (4) What are the subgroups of primary interest to policy makers, and what is the distribution of recipients within the various subgroups? and (5) What are the program components that can most meaningfully be isolated in efforts to disentangle the factors contributing to program impacts, and can the receipt of these components be modeled reliably?

The main impact analysis will be conducted in two waves: a preliminary analysis, which will be conducted in mid-1989, and the full analysis for the final report, which will begin in the summer of 1991. In preparation for the interim report, variable specifications will be developed and preliminary analysis files will be constructed. Subsequently, the model specifications will be finalized, both for the regression-type procedures and for the other statistical procedures to be used for the simulation modeling. Both the analysis files and the model specifications will be updated for the final report.

Report Preparation. An interim report on the impact analysis will be prepared in September of 1989. Because this analysis will occur prior to our follow-up survey activities, the report content will focus primarily on describing the baseline characteristics of the sample, illustrating patterns of participation in various program

components, and providing a preliminary analysis of early outcomes based on available administrative data.

The final report, which is described in greater detail in Section E of this chapter, will be drafted in late 1991 and early 1992, and submitted for review and comment by DHHS staff in March 1992.

B. THE IMPLEMENTATION AND PROCESS ANALYSIS

As we noted in Chapter III, the Illinois and New Jersey sites are expected to be confronted by an array of challenges in implementing the demonstration program. Indeed, available implementation and process studies of programs to serve the teenage parent population have documented the numerous operational, organizational, and attitudinal problems that may arise, particularly during the start-up phase (Burt et al., 1984; Branch et al., 1981, 1984; Riccio and Council, 1985; and Weatherly et al., 1985). An important goal of this research effort is to assess the feasibility and replicability of the intervention, and to assist in possible replication efforts by carefully documenting demonstration activities. Accordingly, the implementation and process analysis will play a critical role in the overall research effort by documenting problems encountered in the demonstration, describing the procedures adopted for resolving the problems, analyzing the success of the procedures, and offering suggestions for future initiatives.

1. Goals of the Implementation and Process Analysis

The implementation and process evaluation will address several broad questions that are expected to be important in interpreting the results of the impact analysis and in guiding future policy decisions. The key questions that will guide this component of the evaluation are as follows:

- o What was the process by which the program was shaped and became fully operational? What factors facilitated or impeded the implementation process?
- o What was the demonstration treatment? What were the key **differences** between the demonstration treatment and the services that were otherwise available to teenage parents (controls)?

- o What aspects of the demonstration services approach were effective or ineffective, and how could future program models be improved?
- o Can the service model be readily replicated or was it affected by something unique about the demonstration staff or setting, the demonstration participants, or the resources that were used? What are the critical guidelines for replicating the model?

Our current plans for addressing these broad questions are described in the following subsections.

2. Topics for the Implementation and Process Analysis

Our analysis will cover six broad areas of inquiry: organizational aspects; policy decisions/program guidelines; participant characteristics; the service characteristics of the demonstration; contextual factors; and control group factors. An overview of the questions subsumed under each of these six areas is presented in Table IV.6.

First, we will investigate the organizational aspects of the demonstration, including the demonstration planning process, the staffing structure of service delivery personnel, mechanisms for staff and interagency communication, resource allocation, the nature of linkages across different governmental levels (e.g., the state and county welfare agencies in New Jersey), collaboration with other state agencies and with external service providers, relationships with other external bodies (e.g., the legislature, unions, etc.), public relations activities, recordkeeping procedures, tracking/monitoring, quality control procedures, and adherence to project schedules. We will also examine the extent to which organizational facets affected the implementation process and the delivery of services.

Second, we will document the numerous policy decisions that will be articulated throughout the demonstration. These will include such decisions as the exemption policy, sanction policies, child support enforcement policies, participant termination policies, and so on. They will also include global policy decisions, such as what governmental entity administers the program (e.g., the county welfare agency or the state Bureau of Employment Programs in New Jersey). We will document what the actual policies were, the process whereby those policies were formulated, the

level at which policy decisions were made, the effect of those policies on program operations, and the factors that influenced revisions of major policies.

Third, we will examine the demonstration-relevant characteristics of the participants. The characteristics of program participants will influence the replicability of the intervention. Therefore, we will gather information on such attributes as the following: the number of eligible teenagers who are exempted, and the reasons for their exemption; the geographic mobility of participants; the age distribution of the participants; the percentage of eligible teenagers who are “minor parents” versus those who are living independently; changes in household membership over time; the percentage of teenagers with unusual service-related problems (e.g., physical handicaps or language problems); changes in important program-relevant statuses, such as repeat pregnancies or drop outs from school; and the relationship of the participants with their children’s fathers.’ The process analysis will also explore the extent to which these characteristics affected the delivery of services to the participants.

Fourth, we will investigate the service characteristics of the demonstration. Among the areas to be examined are the following: the characteristics, roles, and caseloads of case managers; the methods used to assess participants; the process by which case managers develop service delivery plans; the procedures for using external services (including child-support enforcement services); the type, duration, frequency, and quality of the services provided; the flow (service paths) of participants through the program; the method of delivering critical support services such as child care; the nature and length of delays in the provision of necessary services; the nature and extent of child-support enforcement activities; the nature and extent of any follow-up services; the length of the service treatment; methods of monitoring participant compliance; and the frequency, duration, and rate of sanctions imposed. Such information will be gathered for the experimental group in the aggregate, and also for important subgroups, such as early program leavers and program completers, younger and older teens, teenagers who have been sanctioned and those who have not, and teenagers who face particular obstacles to service delivery (e.g., those with a language problem and those without).

¹To the extent possible, information will also be gathered on the characteristics of the fathers and their program participation.

TABLE IV.6
ILLUSTRATIVE PROCESS ANALYSIS TOPICS

I. ORGANIZATIONAL CHARACTERISTICS OF THE DEMONSTRATION

- A. The planning process
- B. Organizational structure of the demonstration
- C. Resources allocation
- D. Relationship between the agencies in which the program was housed and external agencies or bodies
- E. Organizational issues that affect the implementation
- F. Schedule for operationalizing the program

II. POLICY DECISIONS THAT SHAPED THE DEMONSTRATION PROGRAM

- A. **Policy** decisions relating to the demonstration
- B. Rationale for policy decisions
- C. Origin of key policy decisions
- D. Effect of the policy decisions on program operations

III. CHARACTERISTICS OF THE PROGRAM PARTICIPANTS

- A. Characteristics of the participants at program entry
- B. Characteristics of exempted teenage parents
- C. Changes in participants' characteristics during participation
- D. Characteristics of the participants' partners (i.e., the fathers of their infants)
- E. Effect of participants' characteristics on the quantity, type, and quality of services provided

TABLE IV.6 (continued)

IV. SERVICES THAT CONSTITUTE THE DEMONSTRATION TREATMENT

- A. Services called for in the plan developed during the design period
- B. Mechanisms of service delivery
- c. Characteristics of services delivered
- D. Implementation of “enforcement” aspects of the demonstration
- E. Factors that affected the quality or effectiveness of services provided under the demonstration

V. CONTEXT FOR THE DEMONSTRATION^a

- A. Demographic characteristics of the selected communities
- B. Economic conditions over the course of the demonstration
- C. Social and political climate during the course of the demonstration
- D. Media attention focused on the demonstration

VI. SERVICES AVAILABLE TO CONTROLS

- A. Services available and used by the control group
- B. Comparison with services received by the treatment sample
- c. Frequency, circumstances, and outcomes of individuals previously assigned to control status who are reapplying for assistance
- D. Evidence of controls receiving special treatment by service providers
- E. Evidence of controls being denied services or finding them unavailable because of the demonstration

^aFor contextual information, site observations will be supplemented by information in various public records, such as information from Current Population Surveys, census data, and newspaper clippings.

We will also compare the intended service delivery approach with the actual delivery of services and examine the factors that led to any deviations from the original service plan. Our analysis of service characteristics will also focus on the outside providers with whom the participants must interact. While it is critical to document the concrete and tangible aspects of service delivery, it will be equally important to capture some of the intangible features of the program that are known to influence the effectiveness and replicability of the program. Such features include the program "atmosphere," the reputation of the program within both the agency and the larger community, the morale of the program staff, and the sensitivity of the program staff to both the needs of participants and the objectives of the research.

Fifth, we will study contextual factors that may have an important bearing on the replicability of the intervention and the generalizability of its impacts. Here, we will focus on the social, economic, and political forces that might have influenced both the implementation of the treatment and the outcomes themselves (e.g., the availability of entry-level jobs at the demonstration sites during the project period, the status of welfare reform initiatives in Illinois and New Jersey, and changes in the funding or policies of relevant external programs such as JTPA).

Finally, the process analysis will examine the range of services available to the control sample to determine whether or not the demonstration created a truly distinctive intervention, and how the quality, range, source, and quantity of the intervention services (including child-support enforcement services) differ from the services that are available outside of the demonstration. This sixth broad area of inquiry will also examine whether the control group was contaminated either directly or indirectly.

Certain aspects of the implementation and process analysis overlap with the technical assistance and monitoring effort discussed in Chapter III. However, it is important that the purposes of these overlapping activities be distinguished. The contacts to provide technical assistance tend to entail identifying and resolving problems and reconciling the respective needs of the evaluation team and the program operators. In the implementation and process analysis, our contacts tend to focus on fostering a spirit of open and frank discussion, without allowing the information gleaned from these discussions to intervene in how a site is operating its program (except when the integrity of the study might be compromised if no action is taken).

3. Work Plan for the Implementation and Process Analysis

Addressing the six broad areas of inquiry requires that we weave together information from several sources. Below, we discuss our planned approach to data collection, data reduction and analysis, and report preparation.

Data Sources and Collection. The data for the implementation and process analysis will be collected through on-going site monitoring, from special implementation and process interviews with state, county, and program staff, through round table discussions, from program staff background questionnaires, and through the automated and hard copy program data systems.

- Site Monitoring will be conducted primarily by a full-time Site Analyst, who serves a dual technical assistance and process data collection role. The Site Analyst gathers operational information as well as contextual information for assessing the replicability of the demonstration, and he makes periodic observations of staff training sessions, program workshops, intake and group testing sessions, planning, policy and case management meetings, and the activities of agencies that serve large numbers of participants.

The site monitoring task also involves gathering information on local economic conditions, the availability of services in the community, political changes of relevance to the demonstration, policy initiatives in relevant areas such as welfare reform, and other social, economic, or political factors that influence the demonstration. Finally, it includes making observations about the intangible aspects of program operations, such as the “program atmosphere” created by the demonstration and community attitudes toward the program.

Two rounds of detailed implementation and process interviews will be conducted at each site, one about six months after the start of full operations and the second about a year later. These interviews will be conducted with the state agency staff who initiated the demonstration proposal, the staff who are responsible for developing the detailed management and service plans for the demonstration, the case manager supervisors, the case managers themselves, and the service staff in other service agencies. The interviewees will be asked about their perceptions of the motivational responses of participants toward mandatory services, the problems that were encountered in planning and operating the program, the nature of the technical assistance that was provided, and the improvements that could be made in the

demonstration model. These interviews will also enable us to identify any deviations from the planned intervention, and their causes.

We have also conducted an in-depth baseline review of the child-support enforcement (CSE) system in each site. This special data-gathering effort, conducted jointly by MPR and Policy Studies, Inc., staff, focused on the nature of the CSE system in each site, the manner in which teenage parents are served by the system and with what outcomes, and the planned enhanced child-support enforcement efforts provided by the demonstration programs.

Roundtable Sessions will be held among demonstration managers, supervisors, **selected** case managers, and selected staff from key service agencies in all sites. These small group discussions will address the strengths and weaknesses of the demonstration model, the factors that promote or undermine the goals of the demonstration, the manner in which services to teenage parents could be made more effective, and whether the demonstration could be replicated in other settings. We expect a total of about 12 to 15 individuals (including staff in all three sites) to participate in discussions over a two-day period during the third year of program operations.

A brief self-administered Program Staff Background Questionnaire has been designed to be given to case managers and case manager supervisors in all three program locations. (Where specific child-support enforcement staff serve the experimental group, they will also be asked to complete the questionnaire.) This instrument includes questions on staff education, qualifications, and skills; knowledge of the special needs of teenage parents; attitudes toward the target population; attitudes toward critical features of the program model (e.g., the mandatory nature of the intervention); and experience in working with adolescent parents. We expect to complete surveys with all staff on-board subsequent to the receipt of OMB clearance of the interview, which we should have by July of 1988.

MPR will routinely obtain and analyze information generated from the sites' case management data base. The information from the program database files serves three general purposes. First, it facilitates preparing complete documentation of the planned and actual pattern of services and the use of sanctions. Second, it provides basic data on the characteristics and current status of demonstration participants. Third, it serves as a basis for discussion in the process analysis interviews and the

roundtable sessions by providing profiles of the participant flow and **highlighting** how the course of the demonstration has deviated from or adhered to the original plan.

In addition to information that might be contained in the program database files, we routinely assemble and review other relevant documents that describe features of the demonstration program. Such documents include the states' proposals and design documents, policy guidelines, case manager training materials, procedural memos, and important inter-agency correspondence. In addition, the Site Analyst periodically examines a small sample of the case managers' non-automated case files to acquire a better understanding of how service planning is handled.

Data Standardization and Reduction. One important way to promote objectivity is to standardize the data collection as much as possible by using topic and observation guides. We routinely prepare site visit agendas or topic guides and circulate them for comment by key project staff. This process maximizes the likelihood that relevant topics are addressed, that the nature of issues is clarified, that the relative importance of each topic area is known, and that those issues that may necessitate probing are identified.

Another method we will use to achieve some standardization, as well as to provide a context for understanding the findings of the implementation and process data, is to develop critical indicators of operational performance and to compare these indicators with those from other programs. Examples of such indicators include the average length of time in treatment, the percentage of participants who receive skills training, the percentage of participants who receive family planning information, and the percentage of participants sanctioned. Although this demonstration program is unique-- there are no other mandatory employment/education programs for teenage parent AFDC recipients-- it will nevertheless be useful to compare the operational performance of this program with that of two other types of programs: voluntary employment/educational programs for young, disadvantaged mothers, and mandatory WIN programs for older AFDC mothers.

Analysis and Reporting. A series of reports on the Implementation and Process Analysis will be produced over the course of the demonstration. The first encompasses monthly site monitoring reports. These reports document state activities, program activities, and client activities during the month, identify major operational accomplishments or problems, and include a summary of planned future

activities. The second encompasses site visit reports, which document the activities and outcomes of each site visit and which contain pertinent site documents. The third encompasses ad-hoc implementation or process analysis reports that will be prepared in response to special project needs or concerns. Examples of such reports include the baseline assessment of child-support enforcement activities (discussed above) and detailed operational status review reports being prepared to assess the readiness of sites for the evaluation phase of the project.

A fourth set of reports are the formal Implementation report due in the fall of 1988, and the final Implementation and Process report, which will be completed in the fall of 1991. The Implementation report will necessarily focus on program start-up issues, while the final Implementation and Process Analysis report will be comprehensive and cover the issues outlined in Table IV.6. In these formal Implementation and Process Analysis reports, we must devote special attention to synthesizing the data acquired, since the bulk of data to be gathered (through unstructured interviews and observations) will be in the form of a large volume of narrative notes. These notes will be organized thematically around the major research questions. Researchers will review the notes and other material in the site files (memos, technical assistance communications, etc.) and record the key information in a summary synthesis table for each topic area. The information summaries will be central to the analysis and report preparation process.

C. IN-DEPTH ANALYSIS

In-depth studies of the experience of adult AFDC women have been conducted in recent years (for example, Gittel and Moore, **1985**), and a considerable amount of qualitative information is also available on the motivation of low-income teenagers to become pregnant (e.g., Ladner, 1971; Stack, 1974; Frank, 1983; and Levy and Grinker, 1983). However, relatively little information is available on the barriers to self-sufficiency among teenage parents. The ethnographic study in Project Redirection provided some insights, but the study was limited by its small sample size (**18**), the very young age of the sample (all were age 17 or younger), and its failure to focus more explicitly on the self-sufficiency issue. The present study provides an opportunity to gather qualitative data on the barriers to self-sufficiency in greater detail than has been done in the past, and to gather these data in the context of a significant demonstration targeted toward welfare dependent teenage parents.

1. Goals and Purposes

The in-depth analysis will play an important role in the overall evaluation of the Teenage Parent Demonstration.

- o It will help interpret and explain the results of the impact analysis by providing insights into the meaning and significance of the outcome measures and independent variables (for example, how living arrangements, family relationships, and partner relationships interact with program participation and/or influence the impacts of the demonstration).
- o It will provide a dynamic picture of the barriers to and the facilitators of self-sufficiency that are both endogenous and exogenous to the demonstration program.
- o It will provide information on the impacts of the demonstration that cannot be measured quantitatively, but that may have a significant effect on the long-term ability of teenage parents to achieve self-sufficiency (for example, their motivation to become self-sufficient, ability to manage multiple adult roles, and attitudes toward work, school, marriage, and childbearing).
- o It will contribute to the implementation and process analysis by providing feedback from demonstration participants on how the program was operated and how participants felt about the program.
- o It will potentially provide insights into how a program of this type can be undermined (for example, through opposition from partners or family members, or through a repeat pregnancy planned for the purpose of avoiding mandatory participation in some activities).
- o It will provide information about some aspects of program success or failure that can be reported in a more timely fashion (i.e., in interim reports) than can information obtained through the 24-month follow-up interviews.

2. Design and Procedures

The in-depth portion of the research will rely on several research techniques that produce rich and often insightful data on the life experiences of research subjects. The primary techniques to be used are focus group discussions and individual semi-structured interviews conducted in the home. Focus groups will be used to obtain input from several subgroups that are defined by dimensions that are important to understanding self-sufficiency in the target population. These focus groups will

permit us to gather the viewpoints of several (generally five to ten) teenage parents simultaneously. The data collected through focus group discussions will be supplemented by rounds of interviews/observations in the homes of a small sample of subjects. The in-home format will provide an opportunity to gather in-depth information on a more personal and detailed level and, in addition, **will** permit researchers to observe the home environments of a small subsample.

Table IV.7 provides a schedule for the focus group discussions and the in-home data collection, and also shows the subgroups that will form the basis for the focus group discussions. As this table shows, the focus groups will meet annually for three consecutive years, commencing in the summer of 1988. This schedule was chosen for two reasons: (1) it was considered undesirable to begin the focus groups earlier, when operational start-up problems might be encountered; and (2) at an annual frequency, there is little risk that the focus groups will function as support groups and become an "intervention" themselves.

There will also be three annual rounds of in-home data collection activity, beginning in February 1988. The timing of the in-home data collection, halfway between focus group sessions, will provide more frequent observations of the sample members during a period in their lives when they and their children are developing rapidly and may be experiencing many life changes.

Because the analysis of qualitative data is very time-consuming and expensive, the in-depth study will be restricted to a small number of sample members. This constraint, in turn, makes it impossible to fully exploit all potentially interesting subgroups in the focus group discussions.' We have identified nine subgroups that are expected to provide the most valuable information and insight: younger controls living at home, older controls living at home and living independently, younger participants living at home, older participants living at home and living independently, program "succeeders" and **"nonsucceeders,"** and male

¹For example, it could potentially be fruitful to create subgroups of program participants defined by such characteristics as school drop-out status, relationship with the baby's father, prior work experience, and family's history of welfare dependency, all of which may be related in important ways to a young mother's ability to attain self-sufficiency. However, variation along these dimensions will undoubtedly occur and will be explored in the in-home interviews.

TABLE IV.7
SCHEDULE OF FOCUS GROUPS AND
IN-DEPTH INTERVIEWS

Subgroup	Round 1		Round 2		Round 3	
	Summer 1988 Focus Groups	Winter 1989 Interviews	Summer 1989 Focus Groups	Winter 1990 Interviews	Summer 1990 Focus Groups	Fall 1991 Interviews
Younger Controls ^a	X	X	X	X	X	X
Older Controls ^a Living at Home	X		X		X	
Older Controls Living Independently	X	X	X	X	X	X
Younger Participants Living at Home	X	X	X	X	X	X
Older Participants Living at Home	X	X	X	X	X	X
Older Participants Living Independently	X	X	X	X	X	X
Program "Succeeders" ^b			X		X	
Program "Nonsucceeders" ^b			X		X	
Wife Partners of Program Participants (fathers)	X		X		X	

NOTE: Each X represents 10 sample members (5 in each of two sites). However, in the first round of focus groups, subjects will be oversampled (about 8 per subgroup per site) because of expected attrition in subsequent rounds.

^aYounger teenagers include those age 16 or younger at application; older teenagers include those ages 17-19 at eligibility determination.

^bProgram success will be defined in collaboration with the program operators. Possible criteria for success include enrollment in or completion of specified program components; attendance and performance record in school/training program adherence to an employability development plan; or AFDC recipient status.

partners of program participants (fathers of their babies). Our rationale for defining subgroups based on these characteristics is as follows:

- o Age, because the experiences and problems of older and younger teenage mothers are quite different (Branch et al., 1984); because older and younger teenagers are likely to view the concept of self-sufficiency differently; and because the dynamics of the focus group discussion may be adversely affected by the presence of adolescents of diverse ages.
- o Living arrangement (living independently versus living with family of origin), because this dimension has important implications for child care and thus for developing different dependency patterns (Furstenberg and Brooks-Gunn, 1985).
- o Experimental vs. control group, because we believe that the demonstration program will have an effect on barriers to **self-sufficiency**.
- o "Success" in the demonstration, because we are interested in knowing why some teenagers are "successful" in the program, while others are not.¹
- o Male partners, because there will be no other opportunity in this demonstration to hear the viewpoint of the male partners about the child-support enforcement component or the demonstration in general.

Each "X" in Table IV.7 represents a minimum of ten subjects-- five in each of two sites-- for a minimum of 90 subjects who will be involved in the in-depth study. The in-depth study will be completed in Chicago and in one New Jersey site, probably Camden. In each site, an initial pool of about 20 potential subjects will be identified for each subgroup of interest. Since focus groups of fewer than five do not generally function as well as do groups with five to ten individuals, and since we expect some attrition in later rounds of focus group discussions, our initial focus groups will consist of about eight subjects selected randomly from the pool. Focus group moderators will lead two-hour sessions, using topic guides to focus the discussions on the specific

¹ It should be noted that focus group discussions with program participants who are specifically identified as "successful" and "nonsuccessful" are included in Years 2 and 3 of actual program operations. They are not included in the first round of focus group discussions because, at that point, not enough time will have elapsed to identify those who have attained or failed to attain some success.

topics of interest in each round. Each focus group session will be recorded, and transcripts of the discussions will provide a permanent record.

The in-home data collection will permit a more intensive scrutiny of how these young women's lives are progressing over the course of the project. A subsample of 50 of the focus-group subjects will be asked to participate in the at-home portion of the study. The in-home subjects will include 10 controls and 15 program participants in each site (5 each from the groups of younger participants living at home and the older participants living at home and independently). Both succeeders and **non-succeeders** will undoubtedly be represented in this subsample, even though the subsample will not have been selected on the basis of program performance outcomes.

The 25 teenage mothers in each site will be asked (in the first interview) to give a brief life history and to answer some additional questions about their lives. To the extent possible, significant others living with the young mother (in particular, her own mother) will also be interviewed. In addition, the interviewer/observer will be asked to make some observations about the young teenagers' home environments.

3. Content of the In-Depth Study

A major theme that will guide the in-depth data collection effort will be self-sufficiency and the circumstances that facilitate/impede its attainment, with considerable focus on the teenagers' own motivations and the effect of program activities. Table IV.8 presents an illustrative set of questions that have been incorporated into a topic guide for the focus group discussions. This list draws in part on the topic guide used by Gittell and Moore (1985), who recently completed a qualitative study of self-sufficiency in older welfare mothers who participated in WIN-sponsored employment and training programs in three major metropolitan areas. The inclusion of questions from this earlier study (which also used both focus group and personal interviews) enhances our ability to identify issues that are unique to teenage AFDC parents and common to AFDC mothers of all ages.

It should be noted that our current plans do not call for including specific questions that would tap retrospective motivations-- for example, the factors that motivated the young women to become pregnant in the first place. Considerable previous research has, documented the difficulty of establishing motivation retrospectively on such topics as sexual behavior, the use/non-use of contraception, and

TABLE IV.8

ILLUSTRATIVE QUESTIONS FOR FOCUS GROUP DISCUSSIONS

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1. Let's start by talking a bit about your goals and expectations for the future. What kinds of goals do you have for yourselves in terms of school, work, and family? How has having a baby affected those goals, if at all?
 2. If we call those things that keep you from pursuing your goals "barriers," we would like to know about some of the barriers you have encountered.

(PROBE) Some barriers may be daily concerns, like finding someone to care for your children or finding good transportation. Some barriers may be larger problems, like employer prejudices.
 3. How do you feel about receiving welfare? How long do you think you will need to get assistance from welfare? What are some of the things that might make it difficult to leave welfare?
 4. How do you feel about your experiences at school? What are some of the things you like and dislike about school? What are some of the barriers you have encountered in achieving educational goals?
 5. What kinds of work experiences have you had, and how do you feel about them? What are your expectations or hopes about working in the future? What are the important features of a job you would like to get? At what point (if ever) would you like to start working full-time?
 6. What kind of education or training do you feel you need to pursue the job you would like to have? What are some of the barriers you think you might face in getting the necessary training?
 7. How do you feel about being a young mother? What are some of its rewards and what are the things that make it difficult for you? How many children would you like to have altogether? When would you like to have them? Do you know of ways you can control the number of children you have? How do you feel about birth control methods? How would you feel about becoming pregnant again in the near future?
 8. What kinds of arrangements do you have for child care when you are not taking care of the baby yourself? How do you feel about those arrangements? What are some of the problems you face in making arrangements that you feel comfortable with?
 9. How do you feel about marriage? When, if at all, would be the "right time" to marry? What are some of the characteristics you would consider important in a husband?
 10. How much control do you feel that you have over the things that happen to you? Do you believe that anything that happens is just due to fate? Or do you think that you can control or influence things that happen to you?
 11. Let's talk about your families. Does anyone in your family help you to get more education or to find a job? How does your family help you or hinder you in achieving your goals? How about your boyfriend?
 12. What are your feelings about this program so far? What do you hope the program will do for you? How do your friends and family feel about your being in this program?
-

Pregnancy intentions (see, for example, Zelnik et al., 1981). By the time of the first round of focus group discussions, the teenagers will have already arrived at some **post-hoc** rationalizations about their pregnancies. For example, they will have already made a decision to carry their pregnancies to term. Therefore, we judge it to be more fruitful to focus in the in-depth study on current motivations in various domains of their lives.

The content of the second and third rounds of focus group discussions will be similar to that of the first, because there will be an interest in learning how the motivations and experiences of these young women evolve over time. However, the content of later rounds of interviews will partially be shaped by the themes that emerge in the first interviews. That is, an analysis of the first round of focus group discussions is likely to suggest some tentative hypotheses that can be **"tested"** through further exploration in later rounds. In addition, questions pertaining to program experiences will be amplified in the later rounds, as will questions about the factors that facilitate or impede success in the program.

The in-home data collection will provide an opportunity to pursue more personal and detailed questions about motivations and attitudes; family and partner relationships; child care arrangements; program experiences; home environments; and the children's development and caretaking. As indicated above, the life histories of the teenagers will be obtained in the first round of at-home interviews and will be updated annually. The major goal of these in-home interviews/observations will be to gain as comprehensive an understanding as possible of the world in which these young parents live, and how the program experience affects those lives.

4. Analysis of In-Depth Data

Due to the subjective nature of the in-depth study, an important issue is the use of techniques to validate the understandings gleaned from the narrative materials. This will be accomplished by training research staff carefully, and by using several types of "triangulation" (i.e., relying on multiple types or sources of evidence).

One important type of triangulation is referred to as "investigator triangulation"-- the use of more than one researcher to share responsibility for analyzing the in-depth data. In this project, two senior staff members will be actively

involved in analyzing the transcripts of the focus-group discussions and the in-home interviews and observational notes. Their analyses will proceed independently, **but** with regular, ongoing sharing and cross-validating of coding categories and analytic conclusions.

A second important type of triangulation is "methodological **triangulation**"--the use of multiple methods of data collection on issues of importance. As described in this section, at least four different forms of data collection (focus group discussions, life histories, in-depth interviews, and in-home observations) will be used. In the data analysis, attention will focus on similarities and differences that occur in "**stories**" of these young women according to the type of data collection method used.

To facilitate incorporating the results of the in-depth analysis into the impact and process analyses, the task leader will be responsible for conducting components of all three. Furthermore, to integrate all components of the analysis fully, all researchers on the project will participate in periodic working sessions in which preliminary findings and insights will be discussed. In addition, some of the conclusions drawn by the researchers from the focus group discussions will be presented to the moderators and interviewers in a final effort to validate the researchers' perceptions of the proceedings.

The final analysis of the in-depth data will involve a summary of the themes that emerge from the various data sources, and will tie in the results of the in-depth analysis with the results of the impact and process analyses.

5. Work Plan

The tasks to be accomplished in the in-depth study can be divided into three groups: preparatory activities; data collection; and data analysis and integration. These tasks are described below.

Preparation for the In-Depth Study. The primary tasks to be accomplished in preparation for the in-depth study will be the finalization of the topic guides and interview schedules, the selection and training of a focus group moderator and interviewers/observers, and the selection of the research subjects.

Instrument Development. The topic guide for the first round of focus group discussions has been drafted and will be finalized in the spring of 1988, after

pretesting it with one focus group of teenagers who participated in the pilot phase of program operations in Camden. After the first round of focus-group discussions are held, the topic guides for subsequent rounds will be modified to take into account new issues that emerged in earlier rounds that are relevant to the research questions.

Semi-structured interview guides and observation guides will also be developed for the three rounds of in-home interviews. These instruments will be drafted in the spring of 1988, but will not be finalized until the first round of focus group discussions has been completed to ensure that important topics are appropriately covered. These instruments will also be revised following each round of focus-group sessions and interviews to reflect any new knowledge about the particular circumstances of the subjects, as well as any unanticipated topics relevant to the research questions that arise during the focus-group discussions.

Selection and Training of Data Collection Personnel. As the focus group moderator, we will hire a person who is experienced in working and communicating with disadvantaged teenagers, hopefully a person who will be available for all three rounds of focus group discussions in both sites. Recruitment for the moderator will emphasize finding a black woman in her **mid-** to late twenties with excellent interpersonal skills, and who has a strong interest in the issue of adolescent **pregnancy.**¹

The focus group moderator will be hired in early 1988 and trained in April 1988 by the research team on the goals of the in-depth study, the specific intent of questions included in the topic guide, suitable techniques for moving the discussion forward, methods of maintaining neutrality while conveying a sense of respect and empathy, and methods of probing and encouraging the participation of the entire group. In addition, the focus group that will be convened to pretest the topic guide will also be used as part of the moderator training.

It is expected that graduate students in psychology, sociology, and/or social work will be selected to complete the in-home data **collection.**² The students will be recruited in each site, and will be selected for their interpersonal skills, their

¹The majority of the focus group participants will be black females.

²Preference will be given to minority candidates.

observational skills, and their ability to elicit useful information by using a topic guide.

The interviewers/observers will be thoroughly trained on the purposes of the in-depth study, the specific intent of questions in the interview/observation guide, and the use of unstructured data collection methods. Mock interviews will be conducted during training, and, prior to administering the actual interviews, each interviewer will be required to complete one interview with a teenage mother who is not a research subject, so that the research team can provide some early feedback on the interviewer's techniques.

Selecting the Research Subjects. In each site, members of the research team will work with the program staff in selecting subjects for the in-depth study. The researchers will review case records to identify potential focus group participants who meet the specifications for each subgroup. This list, which will contain many more names than we plan to use, will be reviewed by case managers, who will be asked to indicate any candidates whose poor communication skills or personal circumstances might make them unsuitable as focus-group participants. A pool of at least 20 subjects per subgroup will be identified in this fashion. Invitations to participate in the focus group discussion will then be issued to a random subset of the eligible pool. Recruitment will continue until about eight focus group participants are available for the initial round of focus group discussions. Alternates will also be recruited so that focus groups will never contain fewer than five subjects per group.

In the second wave of focus groups, two additional groups will be recruited--program "succeeders" and **"nonsucceeders."** Potential participants will be identified by research staff, and a screening process similar to the one used to recruit initial groups will be used.

From the initial focus group discussions, five subjects in the five relevant subgroups (two control subgroups, and three experimental subgroups) will be randomly selected and invited to participate in the in-home data collection activities.

Data Collection. The focus group moderator will lead all of the focus group discussions, which are expected to require two hours on average to complete. A member of the senior project team will observe all of the focus group discussions, but will not participate in them. The sessions will be tape-recorded for later transcription. In addition, the senior researcher will take detailed notes that will be

helpful in maintaining the longitudinal feature of the research design (i.e., by identifying the individual speakers with a code, to the extent that doing so is possible).

The in-depth interviews will be conducted in the homes of a subset of the respondents. Such a procedure will make it possible to obtain interview information from other family members, and for the interviewers to observe aspects of the home environment and dynamics of the interaction among family members. These interviews also will be tape-recorded for subsequent transcription, and interviewers will be asked to prepare brief summaries of their impressions about the teenage mothers' situation and experiences.

Data Analysis. The two senior researchers who will oversee the data collection at each site will be responsible for analyzing the quantitative data. After each round of focus group discussions and personal interviews, preliminary analyses of the thematic content of the transcriptions will be prepared. The researchers will conduct the analyses independently, as discussed above, but will validate their findings both with each other and with the focus group moderator and interviewers, and, as appropriate, with site staff. The analyses will look both for prominent themes across subgroups and for variations in the themes among and within the various subgroups. The in-depth research staff will meet with other researchers on the project so that the final analyses can highlight the themes that emerge from all of the discussions and in-depth interviews, and so that these themes can be integrated with the results of the process and impact analyses.

D. CHILD CARE SUPPLY AND NEEDS STUDIES

The initial evaluation design was to address child care issues as part of the process analysis, and child care utilization was among the outcome measures to be included in the impact evaluation. Two additional Child Care Supply and Needs studies have been added to the demonstration evaluation plan to permit us to address a broader set of child care issues that are relevant to a mandatory employment and education intervention for teenage parents. One of these studies is a general survey and evaluation of child care supply and use in the demonstration sites; the other is an in-depth assessment of child care needs and use by the eligible teenage parent population.

1. Background for the Child Care Analyses

Over- the past two decades, the labor force participation rate of mothers in the United States has been steadily rising, especially for mothers of young children (United States Bureau of the Census, 1982, 1983). As Table IV.9 indicates, the percentage of working mothers with children under 18 years of age increased from 52 percent in 1971 to 67 percent in 1983. Moreover, when these employment rates are examined by the age of the children, they show that mothers with children under six years of age experienced the largest proportional increase in employment rates, rising from 43 percent in 1971 to 61 percent in 1983. The employment rates for mothers who worked full-time and had only preschool-age children rose by 73 percent from 1971 to 1983, the greatest proportional increase among all mothers in this category for those years (Current Population Reports, Series P-60, Nos. 86 and 152).

In contrast to the trends for all mothers, the employment rate of low-income mothers remained unchanged between 1971 and 1983 at 39 percent, a level that was 42 percent lower than the rate for the overall population of working mothers in 1983. The only subcategory of low-income mothers to experience an increase in their employment rate was the group of mothers only with children under age six, and this was a relatively small increase for the 12-year period. The percentage of low-income mothers who worked full-time increased more substantially in proportional terms, going from six percent in 1971 to 21 percent in 1983. As is the case for all mothers, the largest proportional increase among all low-income mothers was experienced by full-time working mothers only with children under age six. The employment rate for this group increased from 2 to 20 percent between 1971 and 1983, a 90 percent increase. Still, in 1983, it was 52 percent below the rate for all full-time working mothers only with children under age six.

Although the employment rates of low-income mothers of young children are increasing, they continue to be less than half the employment rates for the overall population of mothers with preschool children. These strikingly different levels and trends in employment between all mothers and low-income mothers strongly suggest that low-income mothers face many more barriers to employment than the overall population. These barriers include low levels of education, a lack of basic skills, a lack of work experience, a lack of affordable child care, a lack of affordable transportation, health problems, unstable housing, substance abuse, and emotional problems. Programs designed to help low-income and welfare recipients obtain jobs

TABLE IV.9

EMPLOYED MOTHERS BY POVERTY STATUS
(Numbers in Thousands)

All Mothers	<u>All Income Levels</u>		Percent Change	<u>Below Poverty Levels</u>		Percent Change
	1971	1983		1971	1983	
Percent with Children Under 18						
Who Worked	0.52	0.67	0.22	0.39	0.39	0.00
Who Worked Full-Time	0.19	0.44	0.57	0.06	0.21	0.71
Percent with All Children Under 6						
Who Worked	0.48	0.64	0.25	0.36	0.38	0.07
Who Worked Full-Time	0.11	0.42	0.73	0.02	0.20	0.90
Percent with Some Children Under 6 and Some 6 to 17						
Who Worked	0.38	0.56	0.32	0.38	0.35	-0.08
Who Worked Full-Time	0.11	0.34	0.69	0.05	0.19	0.72
Percent with At Least One Child Under 6						
Who Worked	0.43	0.61	0.29	0.37	0.37	-0.00
Who Worked Full-Time	0.11	0.38	0.71	0.04	0.19	0.81

SOURCES: Current Population Report, Series P-60, No. 86, Table 30 for 1971, and No. 152, Table 21 for 1983 figures.

and maintain self-sufficiency must address these issues if they are to be successful (Polit and **O'Hara**, 1988).

There is some evidence that child care is a critical barrier to employment and self-sufficiency for low-income and welfare mothers who want to work (Sonnenstein, 1984; and United States Bureau of the Census, 1983). For example, data from the June 1982 Current Population Survey (United States Bureau of the Census, 1983) show that 26 percent of non-labor-force-participating mothers with children under five years of age indicated that they would look for work if child care were available at a reasonable cost. When mothers were categorized by family income, the data indicated that 36 percent of mothers with family incomes below \$15,000 would look for work if child care were available and affordable. This figure can be compared with 22 and 13 percent for mothers whose incomes were between \$15,000 and \$25,000 and mothers whose incomes were \$25,000 and over, respectively, who gave this response. Similarly, using data from the 1977 Current Population Survey for the United States, Presser and Baldwin (1980) found that, among mothers who were not working or looking for work, those who were young (ages **18-24**), unmarried, black, with the least education (i.e. those who did not graduate from high school), and with family incomes below \$5,000 were the most likely to report that obtaining child care was a constraint to their employment. Finding suitable child care for these **low-income** mothers is especially difficult because of such barriers as costs for care which they cannot meet, the lack of available and/or affordable transportation to child care sites, and problems in finding care for many children (Sonnenstein, 1984; and Fuqua and Labensohn, 1986).

Despite the growing recognition that the lack of available and affordable child care is an important barrier to employment, very little is known about the child care needs and available supply of care for low-income and welfare mothers. In particular, no major surveys have been conducted of child care needs, utilization, and supply among AFDC parents since 1979. In light of recent welfare reform initiatives that propose to eliminate the age-of-youngest child exemption, the need for knowledge of child care utilization and supply among the AFDC population has increased substantially (Polit and **O'Hara**, 1988).

The Teenage Parent Demonstration programs emphasize not only the **obligation of teenage parents who are dependent on public assistance to engage in** activities that are expected to promote their economic self-sufficiency, but also the

responsibility of the welfare system to provide the social services and other forms of support necessary to enable these young parents to fulfill their obligations. Thus, a principal component of the demonstration is the provision of child care services. Since participation in the program is mandatory regardless of the age of the teenage parent's youngest child, an important task of the demonstration project staff is to assess the child care needs of these parents, as well as the child care market they face, in order to determine what child care needs must be met in order for them to be able to continue to work or train.

2. General Child Care Supply and Needs Study

The special study of Child Care Supply and Needs will assess the local market for child care in each of the three demonstration sites to address the following questions:

- o How large is the demand for child care in each site?
- o What is the character of the demand for child care in each site (e.g., by age of child, full-time vs. part-time, preferred type of provider, etc.)?
- o Is there unmet demand for child care in the sites that can be identified?
- o What is the "quality" of care used? Does it vary by the age of the child or the socioeconomic characteristics of the parents?
- o How satisfied are the users of child care with their current arrangements? What problems do they have with their current arrangements?
- o How much do parents pay for child care in the three sites? How much assistance do they receive in paying for child care?
- o How large is the supply of child care in each site? Is there excess capacity among child care providers?
- o What is the character of the supply of child care in each site (e.g., by age of child, cost of care, full-time vs. part-time, etc.)?
- o What problems do child care providers encounter in providing care?

- o Is the overall demand for child care greater than the supply in any of the three sites? Are there imbalances between supply and demand for particular subgroups of children?
- o What **supply-** and demand-related factors determine the observed utilization patterns of specific types of child care?
- o What determines who pays for child care and how much?

Data Collection Plan. To fulfill these task objectives, we plan to gather information on providers and users of child care by conducting two types of surveys at each of the three demonstration sites: (1) a telephone survey of licensed or registered (home and center-based) child care facilities (formal market care providers)' and (2) a random digit dialing (RDD) survey of households to identify current providers of **home-** based child care (informal market care providers) and to identify mothers of preschool-age children who use child care so that they can work, go to school, or participate in training.

The Survey of Day Care Centers has been designed to collect information from the licensee or primary caregiver at each of the sampled child care centers on the following topics:

- o General provider characteristics
- o Administrative structure
- o Characteristics and activities of children or groups of children cared for
- o Capacity and slot openings
- o Source of clients
- o Acceptance criteria
- o Staffing
- o Fees charged

¹ New Jersey registers, but does not license, home child care providers. In the remainder of this document, all providers who are licensed or registered will be referred to as licensed providers.

- o Meals and transportation
- 0 Operating experiences

The Survey of Family Child Care Providers will examine the characteristics of licensed or registered family child care providers and of unlicensed home-based providers of child care for pay, identified through random digit dialing (RDD) screening interviews. The topics covered will be similar to those in the Survey of Day Care Centers. However, the unlicensed family child care providers will also be asked about their knowledge of and interest in becoming licensed or registered and about health and safety conditions.

The Child Care Users Survey will examine the characteristics and needs of users of child care. The survey respondents will be the mothers of preschool-age children in day care; however, information on child care for all children in these families will be collected. Among the topics to be covered in this survey are the following:

- o The need for child care for each child
- o The characteristics of the primary and secondary arrangements for each child
- o The costs of child care for each child
- o Satisfaction with child care
- o Lost opportunities for employment
- o The availability of relative care
- o The demographic characteristics of the family

The sample frames for child care centers and licensed or registered family day care providers will be assembled from lists provided by licensing authorities, telephone directories, and welfare and social service agencies. We will interview a random sample of all providers who are currently licensed or registered and operating and who serve preschool children, the majority of whom are not handicapped.¹ It is

¹In Camden, we may in fact attempt to interview all day care centers, because of their small number.

important to determine whether providers are still licensed and operating because the lists of providers that we obtain from various sources may not be completely **up-to-date**.

The sample frames for both the unlicensed family day care providers and the child care users will be derived from random digit dialing (RDD) telephone screening. For unlicensed family child care providers, all persons in the household who are currently caring for at least one child of preschool age for pay so that the mother can work, attend training, or go to school will be interviewed. All persons who have never provided child care for preschool children will be asked whether they have ever considered it before the screener is ended. In addition, before the screener ends, persons who are not currently providing care but who have done so in the past will be asked when they last provided care, why they are no longer doing so, and whether or not they plan to provide care again in the future, so as to gather information on the factors that affect supply decisions and potential latent supply.¹

For the survey of child care users, mothers of at least one preschool child who is in child care so the mother can work, attend training, or go to school will be interviewed. If the mother of preschool children does not work, attend training, or go to school, she will be asked a series of questions about lost employment opportunities and problems with child care before the screener ends.

Because this study of the demand for and supply of child care is part of the evaluation of the child care utilization by participants in the Teenage Parent Demonstration, it is important to ensure that the child care needs and experiences of the segment of the population that has a disproportionate likelihood of being **welfare-dependent** can be adequately characterized. In order to ensure that the sample will provide reasonable estimates of the likely child care needs of welfare recipients who engage in school, training, or employment, the users sample will be stratified, and the size of the sample of higher-income users will be limited to about 50 percent of the overall sample. This will be accomplished by screening for income prior to

¹ If a provider is screened out of the survey because (s)he provides care without pay, (s)he will be asked for information about the number and ages of children cared for, the hours they are cared for, and the relationship of the provider to the children before ending the telephone call.

administering the users survey and, if necessary, capping the number of higher-income households surveyed.'

Sample Sizes. We plan to conduct interviews with 900 child care users, 550 family day care providers (150 licensed or registered and 400 unlicensed), and 150 day care centers. The allocation of these target sample sizes among the three TPD sites is presented in Table **IV.10**.

These sample sizes will enable us to generate descriptive statistics with sampling errors ranging from approximately 2 to 8 percentage points. For child care users, the sampling error for overall descriptive statistics will be about 3 percentage points, with the sampling error for the subgroup of lower-income users being less than 5 percentage points. For unlicensed family providers, the sampling errors associated with general descriptive statistics will be about 5 percentage points, while the sampling errors for licensed providers produced by the target sample sizes will be less than 6 percentage points. For child care centers, the smallest sample group, sampling errors may be as large as 8 percentage **points.**²

Analysis and Reporting. The analysis of these survey data, which will be conducted during the summer of 1988, will consist of four components: an examination of the demand for child care services in the demonstration sites; an examination of the supply of child care services; an analysis of the intersection of supply and demand; and an assessment of child care costs.

Our examination of the demand for child care services in the three demonstration sites will include a rough assessment of the level of unmet demand for child care services among non-working mothers of preschool children, as well as a detailed investigation of the level and characteristics of the current use of child care services by working mothers of preschool-age children. The analysis will also specifically examine the level and characteristics of current child care use by **low-income** mothers.

¹ "Lower income" level has been defined as 150 percent of the Federal poverty threshold.

² These estimates of the sampling errors assume that we will sample from an infinite population; the sampling errors will actually be reduced somewhat because we will be sampling from finite populations.

TABLE IV.10

TARGET SAMPLE SIZES FOR THE SURVEYS OF CHILD CARE USERS
AND PROVIDERS

Survey Population	South Chicago	Newark	Camden	Total
Licensed^a Child Care Providers	140	100	60	300
Child Care Centers	70	50	30	150
Licensed Family Providers	70	50	30	150
Unlicensed Family Providers	200	100	100	400
Child Care Users	300	300	300	900
Lower-Income Users	150	150	150	450
Higher-Income Users	150	150	150	450

NOTE : The universe of **licensed** or registered providers has been estimated to be about 75 in Camden, 170 in Newark, and 320 in South Chicago.

^a In New Jersey, family day care providers are not licensed but may be registered with the state. This category includes registered family providers.

Although this study will not provide a national picture of supply, it will survey all sectors of providers and will provide valuable information on the availability of care in the demonstration sites which can be compared with existing demand. In examining the supply of child care services in the three demonstration sites, we will estimate the total number of providers and the total number of child care slots available for preschool and school-age children; describe the characteristics of children who fill the slots and the children who are eligible to fill empty slots; describe the characteristics of the providers of slots and the services they provide; examine the rates of turnover in slots and the methods used by providers to fill empty slots; and assess the potential supply of child care from nearby relatives.

In addition to descriptively analyzing the levels and characteristics of the demand for and supply of child care in the demonstration sites, we are interested in gaining some insight into the factors that affect the supply of and demand for child care services. Thus, this third component of the evaluation will examine the balance or imbalance between the demand for and supply of child care in each site, using multinomial **logit** models. The multinomial **logit** model consists of a set of equations that have as their dependent variable the probability that the mother will choose a particular mode of child care. The model has the following form:

$$P_{ij} = \exp(b_j X_{ij}) / \sum_{k=1}^m \exp(b_k X_{ik}); \quad \begin{array}{l} i = 1, \dots, n \\ j = 1, \dots, m \end{array}$$

where P_{ij} is the probability that the i th individual will choose mode j ; b_j is a vector of parameters for the j th mode; and X_i is a vector of exogenous variables that include the characteristics of the individual and the characteristics of the mode choices. The estimated parameters in these equations can be interpreted as the effects of the X -variables on the probabilities relative to the last or m th mode.

Another aspect of child care decisions that bears close scrutiny is the cost of child care to mothers of preschool children. An understanding of the factors that determine who in the local market pays for child care and how much they pay will provide a basis for assessing the extent to which it is reasonable to expect that the teenage parents in the demonstration evaluation sample will be able to obtain free or subsidized, low-cost care for their children. We will apply multivariate models of the

probability that a mother pays cash for child care for her preschool-age child, the amount she pays, and the proportion of her earnings that is spent on child care.

The results of the analyses described in this section will be presented in three reports. The first will report the findings of the analysis of the demand for child care in the three sites. The second report will present the results of the analysis of the supply of child care in the demonstration sites. The final report will integrate the findings of the demand and supply analyses and will report the findings of the multivariate analyses.

3. The Enhanced Analysis of Child Care Needs and Use Among the Welfare Dependent Teenage Parents

The expansion of the initially planned analysis of child care issues will provide a detailed look at the level and nature of nonparental child care used by sample members during the early months after they became eligible for demonstration services. The specific objectives of enhanced study of child care use by TPD sample members are the following:

- o To examine the differences in the basic characteristics of child care (type, quantity, quality, cost) used by participants and controls and by participants engaged in different types of activities,
- o To compare the basic characteristics of child care received by children of welfare-dependent teenage mothers during their program participation with the characteristics of care received by the population of children in the demonstration catchment area, and
- o To examine how the care used by low-income teenage mothers relates to the area market for child care.

In order to achieve these objectives, the child care users survey is being administered to a random sample of participants and controls in the demonstration sites. The data from the child care users will be complemented by information collected through interviews with the providers of care for the children of the surveyed participant and control group members. Both surveys will be administered by telephone where feasible and in the field, as necessary.

The child care user survey is designed to enable us to describe the child care needs of teenage parents who are actively engaged in out-of-home activities, and their selections of child care. We also want to be able to contrast the needs and use patterns between program participants and controls and between the **welfare-**dependent teenage parent population and the local populations of mothers of young children. These objectives have guided the survey and sample designs.

In addition to interviewing participant and control group members regarding their child care use, we will administer the provider survey instrument currently being administered to family day care providers identified through RDD techniques to the family providers who care(d) for the children of sample members. The provider surveys will collect a richer set of information about the characteristics of care, including information about staffing, health, safety, liability insurance, and demographic characteristics of the provider. They also will provide us with information about characteristics and costs of care that could be used to check the information provided by sample members in the user survey.

The Sample Design. The sample for this special analysis will include participants and controls who become eligible for the demonstration in the latter half of 1988 and the providers they have used. The survey will be conducted between three and six months after enrollment in the research sample. By choosing this sample frame and interview schedule we keep the reference period for the data collection reasonably close (e.g., within one year) to the reference period for the general population child care surveys. The decision to interview sample members three to six months after referral was made because we expect that, by this time, most participants will have a well-defined self-sufficiency plan and will have had time to get their child care situation "stabilized." This plan also enables us to collect a reasonable amount of retrospective information on the different child care arrangements used since the time the teenagers became eligible for the program.

Interviews will be conducted with a random sample of 600 of the demonstration sample members (100 participants and 100 controls) per site evenly divided between older and younger teenagers. With this sample design, the sampling errors for descriptive statistics range from 3 percentage points for the pooled participant or control samples (**N=300**) to between 4 and 7 percentage points for the cells defined by site, experimental status and age. Differences between participants

and controls will have minimum detectable differences in the range of 7 to 11 percentage points.

The sample frame for the provider survey will consist of family day care providers named by sample members in the user survey. We expect that nearly all of the participant group members will be users of child care; however, it is likely that substantially fewer of the control group members will be using nonparental child care so that they can work, go to school, or attend training. Therefore, for characteristics that pertain to the nature of nonparental care used, the effective sample sizes will be lower (especially for controls). Thus, for example, the minimum detectable differences between participant and control users of care might be as large as 10 to 15 percentage points in the pooled sample.

An estimated 250 provider surveys will be conducted during the period from February through April, 1989, lagging slightly behind the user surveys. As soon as each user survey has been completed and contact information for the user's provider has been obtained, the provider case will be released for interviewing. The provider surveys will be carried out by telephone with in-person follow-up for **cases** that cannot be contacted by telephone.

Analysis and Reporting Plan. The key research questions to be addressed in the analysis include the following:

- o What are the levels and characteristics of child care used by the teenage parent AFDC recipients?
- o To what extent have the programs had effects on the levels and basic characteristics of child care used by low-income teenage mothers?
- o How do the basic characteristics of child care received by children of low-income teenage mothers compare with the characteristics of care received by other children?
- o How do the provider characteristics compare between participants and controls and between other key subgroups?
- o How does the child care used by low-income teenage mothers relate to the area market for child care?

The analysis conducted to address these questions will be primarily descriptive, involving comparisons of means and frequency distributions and appropriate tests of

statistical significance. Because the teenage mothers were randomly assigned to the experimental and control groups, on average, they will be similar in all respects except for their participation in the TPD program. Thus, the comparisons of simple means and frequencies for participants and controls will yield unbiased estimates of the short-run impacts of the program on child care use.

The analysis will generate descriptive statistics similar to those produced for the demonstration sites as part of the study of supply of and demand for child care described above. They will include tables describing unmet demand for child care, demographic characteristics of child care users and nonworking mothers, levels and types of child care used, basic characteristics of care used, child care costs, satisfaction with child care used, stability of child care, and problems with child care arrangements for participants and controls in each site and in the entire sample. They will also include tables describing the care provided, help with care (staffing), fees charged, the qualifications and experience of the providers, and demographic characteristics of the providers for participant and control group members and for the entire sample.

In addition to describing the care used by different groups of mothers, we will produce tables examining child care from the children's perspective. We will then compare the basic characteristics of care received by children of welfare-dependent teenage mothers to the care received by other children in the area.

The results of the analysis will be presented in draft and final reports at the conclusion of the task in mid-June and July 31, 1989, respectively.

E. COST-EFFECTIVENESS ANALYSIS

Two central questions will be addressed in the cost-effectiveness analysis: (1) whether the impacts of the intervention justify its costs, and (2) whether the intervention is more cost-effective for some subgroups of teenage parents than for others. Answering these questions will necessitate integrating information on a wide range of program impacts and costs. Many impacts will be intangible, and some will be difficult to value. In the analysis, we will use an accounting framework that aggregates the expected benefits and costs of the intervention from various perspectives, including the perspectives of the state and federal budgets, the recipients who are enrolled in the program, and society at large. This framework is illustrated in Table IV.11.

TABLE IV.11
 EXPECTED BENEFITS AND COSTS OF THE INTERVENTION
 BY ACCOUNTING PERSPECTIVE

	Accounting Perspective				Data Source ^a
	Federal Budget	State Budget	Participant	Social	
BENEFITS					
Output Produced by Participants					
o Increased output	0	0	+	0	I,P
o Preference for work over welfare	0	0	+	+	U
Increased Tax Payments	+	+		0	I,P
Reduced Dependence on Transfer Programs					
o Reduced transfer payments	+	+		0	I,P
o Reduced administrative costs	+	+	0	t	I,P
Reduced Use of Alternative Education, Training, and Employment Services					
o Reduced education, employment, and training costs	0	0	0	+	I,P
o Reduced training allowances	t	t		0	I,P
Other Benefits					
o Improved participant self-image	0	0	+	+	N
o Improved parenting	0	0	+	+	N
o Increased educational attainment	0	0	+	+	N
o Improved participant health status	0	0	+	+	U
o Income redistribution	0	0	+	+	U
COSTS					
Program Operating Costs					
o Direct service costs	-	-	0	-	TP,S
o Overhead costs	-	-	0	-	TP,S
Central Administrative Costs	-	-	0	-	S
Participant Labor Costs					
o Foregone nonmarket activities	0	0	-	0	U
Increased Work-Related Costs					
o Child care					I,P
o Other				0	U

NOTE : The components have been listed under "benefits" or "costs" according to whether they are expected to lead to benefits or costs from the indicated perspective. The contrasts between the expected effects from the different perspectives are shown by indicating, for each component, whether the net impact is to be a net benefit (+), a net cost (-), or neither (0).

^aThe codes used for data sources are: S = special study, I = interview data, P = published data source, TP = Teenage Parent Demonstration Program Database System, N = item not valued but indicators of effects are available, U = item not measured.

The technical approach to the cost-effectiveness analysis encompasses three key tasks: (1) determining the benefits and costs associated with the impacts of the program and, thus, determining the impact measures that should be estimated and fed into the accounting framework; (2) measuring program participation and costs; and (3) conducting the analysis and testing the sensitivity of the results to the underlying assumptions.

1. Defining and Valuing the Outcomes

The outcome measures to be included in the evaluation of benefits will be selected in part based on the results of the preliminary analysis of the effectiveness of the intervention and, in part, based on the knowledge generated from the process and in-depth analyses. At a minimum, this inventory of outcomes will include participation in education and training services, the use of other social services, employment, and changes in welfare benefits. However, we also expect that many other benefits that are more difficult to value, such as changes in self-esteem, parenting skills, and health services, may be generated by the program. These types of benefits are noted in the analysis to provide sufficient context for interpreting the benefit-cost estimates.

Outcomes will be valued by reviewing estimates from previous studies on the costs of such services (see, for example, Thornton and **Dunstan**, 1986; Hollister, Kemper, and Maynard, 1984; and Thornton, **1988**), and by updating estimates with site-specific estimates during the course of the process data collection effort and in the program monitoring task.

2. Measuring Program Costs

In order to conduct the analysis, we must estimate the overall costs of the intervention in each site on a per-participant basis, and we must allocate these costs by program service. In this analysis, we will rely heavily on State and project budgets and expenditure reports, together with information on staff functions and client participation in program components.

In measuring program costs, we must distinguish special demonstration costs from the intervention costs themselves (i.e., the cost of replicating the intervention in a nondemonstration setting), and distinguish start-up and phase-down costs from

steady-state costs. A second important issue pertains to the level of “linked” and donated services and how they should be valued. Much of the contextual information necessary to address these two issues will be gathered as part of the process data collection.

3. Analysis and Reporting

The analysis will be completed in two rounds. First, we will assess the adequacy of data for analyzing the cost-effectiveness of the intervention. This assessment will be completed in the summer of 1988. The second round of analysis will be conducted near the end of the project, when the program impact estimates, client participation data, and final program cost data are available. This report will detail the costs of the intervention for key subgroups of the teenage parents, and it will compare the benefits with the costs, both for the demonstration as a whole and under alternative targeting scenarios. Because many of the underlying cost and benefit estimates are subject to uncertainty due to sampling variation, extrapolation procedures, valuation procedures, and aggregation assumptions, we will also conduct and report on a series of sensitivity tests to assess the robustness of the policy conclusions derived from the basic estimates.

F. PROJECT SUMMARY REPORT

Each of the analytical components will culminate in a final report that documents the goals of the evaluation, provides the necessary background information and an overview of the study design, describes the analytic approach, presents the findings, and discusses the policy implications of the results. A final project summary report will integrate and synthesize the results of the four major analytic components of the project.

Table IV.12 is an illustrative table of contents for the final report. This report will provide a complete summary of the implementation, operation, and results of the demonstration in a format that is accessible to both policymakers and more general readers, as well as to those with more technical interests. The report will have a fairly lengthy executive summary (which might be a separate document), and the chapters themselves will be written in a nontechnical and policy-oriented manner. Detailed issues associated with statistical methodology will be treated as

TABLE IV.12

TENTATIVE OUTLINE OF FINAL REPORT

EXECUTIVE SUMMARY

- o Background
- o Objectives of the Study
- o Design of the Study
- o Implementation and Operation of the Demonstration
- o Summary of Results
 - Intervention design and implementation
 - Intervention effectiveness and costs
 - Policy recommendations

CHAPTER I: BACKGROUND

- o The Welfare Dependency Issue
- o Targeting AFDC Services
- o The Special Case of Teenage Parents
- o Summary of Results and Policy Conclusions

CHAPTER II: THE DEMONSTRATION INTERVENTION AND THE EVALUATION DESIGN

- o Background of the State Programs
- o The Demonstration Interventions
- o The Evaluation Sample and Data
 - Sample size and allocation
 - Data
 - Sources
 - Management information system
 - Quality assessment

CHAPTER III: THE TEENAGE PARENT AFDC RECIPIENT POPULATION

- o Characteristics (national versus demonstration sites)
- o Barriers to Self-Sufficiency
- o Case Histories
- o Chances for Attaining Self-Sufficiency

CHAPTER IV: DESIGNING AND IMPLEMENTING EFFECTIVE INTERVENTIONS

- o Program Definition and Objectives
- o Implementation and Operational Experiences
 - Program implementation and changes in program content
 - Operators' views of the program
 - Costs of services
 - Clients' experiences under the program
- o Generalizability
- o Guide for Effective Replication

CHAPTER V: THE IMPLICATIONS OF PROGRAM INTERVENTIONS FOR TEENAGE PARENTS

- o Questions to be Answered
- o Analytic Methodology
- o Intermediate and Primary Impacts for Teenage Parents
- o Differential Effectiveness Among Subgroups
- o Cost-Effectiveness of the Interventions
 - Overall
 - For targeted groups
- o Implications for Reducing Long-Term Dependency
 - The simulation approach and results
 - Other approaches to extrapolation

CHAPTER VI: IMPLICATIONS FOR POLICY

- o Designing and Implementing Interventions
- o Targeting Interventions
- o Implications of Implementation and Targeting Recommendations
 - Recipient perspective
 - Budgetary perspective

TECHNICAL APPENDICES

An elaboration on the technical results from Chapter V

appendices, and readers will be referred to the more technical final reports on the individual component analyses.

Three features of the illustrative outline warrant special attention. First, the initial chapter of the final report will have a broad policy orientation, tying the results from the demonstration to national concerns and indicating whether and to what extent the widespread implementation of the demonstration intervention model could address these concerns. Second, the findings of the process, in-depth, and child care analyses will be combined with those of the impact and cost-effectiveness analyses to arrive at insightful interpretations of the results. Finally, the results of the cross-site and intra-subgroup comparisons will be used to draw inferences about the desirability of various targeting strategies.

All of the impact analysis will be conducted by using statistical controls for background characteristics (e.g., through regression adjustments). However, the presentation will discuss both the differential effectiveness of the intervention among subgroups, assuming that the subgroups exhibit identical characteristics, and the differential effectiveness given the true differences in the other factors that distinguish one subgroup from another. The former results will help us understand the mechanisms by which effectiveness occurs, while the latter results are the appropriate ones for guiding policy decisions on targeting. For the simulation results on welfare dependency and its relationship to the cost of the treatment, we will sometimes present estimates under alternative assumptions to illustrate the sensitivity of the estimated outcomes to variations in the underlying assumptions. However, we **will key** most of the discussion to “benchmark” estimates that we will deem the most reasonable.

Throughout the report, we will rely heavily on graphic summaries of key findings. However, we will also include data tables that substantiate the main analytic findings from the project.

V. DATA COLLECTION PLAN

In order to manage and evaluate the Teenage Parent Demonstration programs, it is essential that substantial amounts of data be obtained and maintained in easily retrievable form. Both states have developed and will maintain Automated Client Tracking Systems, which will be the core data source for program monitoring and case management. Complementary data sets include detailed intake/baseline data and literacy test results, state agency records data, and follow-up survey data and literacy test results.

Figure V.1 depicts the various **datasets** that are expected to be used and the information flows that are expected to occur. As shown in this figure, three overlapping databases will be assembled for the demonstration: (1) a Master File of all sample members, which is being maintained by the evaluation contractor, MPR; (2) a Program Database, which is being maintained by the demonstration programs;¹ and (3) the Evaluation Database, which is being developed by MPR. In this chapter, we first discuss the content and structure of each of these data sets. Then, in Section B, we describe the approaches to collecting some of the key input data for these databases.

A. CONTENT AND STRUCTURE OF DATABASES

Each of the three main databases that will be maintained for the demonstration has a different purpose. Therefore, both their structure and their content will differ. However, it is critical that they are designed so as to ensure consistency and ease of interface among the three systems. Table V.1 illustrates the interrelationships among these three data files and between these data files and other data systems and sources.

¹MPR designed and developed the Client Tracking System being used by the New Jersey programs. **MAXIMUS**, Inc. designed and developed the system being used in Illinois.

1. The MPR Master File

MPR maintains a master log of all demonstration **sample** members (experimentals, research controls, and nonresearch sample members),¹ their key identifying information, and their demonstration status. This file serves several purposes. Most importantly, it is the master list of all eligible teenage parents identified in the demonstration sites and includes program status indicators for each teenager. Thus, it serves as the basis for defining the universe that should be included in both the Program and the Evaluation Databases. (See Table V.2 for a sample record lay-out.)

As shown in Figure V.1 and Table V.1, most of the data in the Master File are input from the states' public assistance data files (either through electronic or manual transmission). The random assignment information is newly generated as each eligible teenager is identified. Finally, the cross-reference information on other eligible teenagers in the sample member's AFDC unit is transferred from master file records matched according to case ID.

2. The Program Database

The Program Database contains intake and literacy test data on controls and experimentals, as well as substantial amounts of information on the program experiences of all experimental group members. First, this database includes for all sample members identifying data from the MPR master file so that they can be linked with the evaluation database and with agency records and databases and intake and literacy data. Second, it provides assessment information on the program participants that will be used both to help case managers work with clients to develop service plans and to characterize program enrollees. Third, and most importantly, it contains the client tracking data. The **datasets** include information on service plans, **program-**provided services, services provided through referrals, support services received, case reviews, and sanctioning proceedings. Some agency data on child-support enforcement

¹The nonresearch sample members include cases exempted before assignment release and could also include nonresearch controls if the number of eligible teenagers exceeded the number necessary to fill the program intake targets. However, we do not expect to have an excess of eligible teenagers in any site.

FIGURE V.1

DATA SOURCES AND DEMONSTRATION DATA BASES

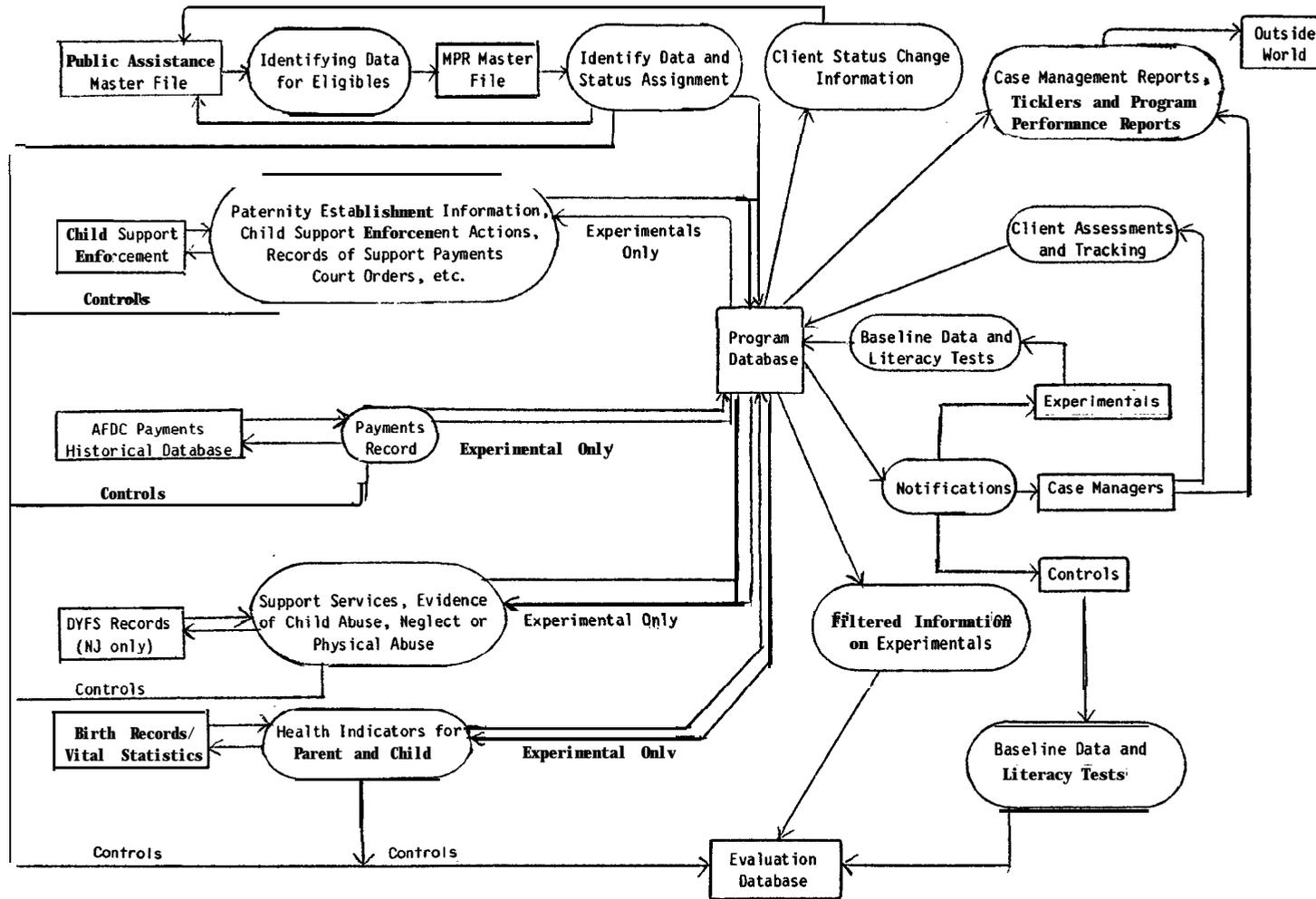


TABLE V. 1
SUMMARY OF DEMONSTRATION DATABASES

DATA BASE/ INFORMATION SOURCE	IMPORTED DATA		EXPORTED DATA	
	SOURCE	INFORMATION	DESTINATION	INFORMATION
PR Master File	Public Assistance Master File	Identifying Data for Eligibles	Public Assistance Master File	Status Assignment
			Program Database	Identifying Data and Status Assignment
			Evaluation Database	Identifying Data and Status Assignment
Program Database	PR Master File	Identifying Data and Status Assignment	Public Assistance Master File	Client Status Change Information
	Case Managers	Client Assessments and Tracking	Evaluation Database	Filtered Information on Experimentals
	Experimentals	Baseline Data and Literacy Tests	Controls	Notifications
	Child Support Enforcement	Paternity Establish- ment Information, Child Support En- forcement Actions, Records of Support Payments, Court Orders, etc. (Experimentals)	Case Managers	Notifications
			Experimentals	Notifications
	AFDC Historical Payments Database	Payments Record (Experimentals)	Outside World	Case Management Reports, Ticklers and Program Per- formance Reports
			Child Support Enforcement	Paternity Establish- ment Information, Child Support En- forcement Actions Records of Support Payments, Court Orders, etc. (Experimentals)
	DYFS (NJ Only)	Support Services, Evidence of Child Abuse, Neglect or Physical Abuse (Experimentals)	AFDC Historical Payments Database	Payments Record (Experimentals)
			Birth Records/Vital Statistics	Health Indicators for Parent and Child (Experimentals)
	DYFS (NJ Only)	Support Services, Evidence of Child Abuse, Neglect or Physical Abuse (Experimentals)	AFDC Historical Payments Database	Payments Record (Experimentals)
Birth Records/Vital Statistics			Health Indicators for Parent and Child (Experimentals)	

Table V.1 (continued)

valuation Database	IPR Master File	Identifying Data and Status Assignment
	Program Database	Filtered Information on Experimentals
	Controls	Baseline Data and Literacy Tests
	Child Support Enforcement	Paternity Establishment Information, Child Support Enforcement Actions, Records of Support Payments, Court Orders, etc. (Controls)
	AFDC Historical Payments Database	Payments Record (Controls)
	DYFS (NJ Only)	Support Services, Evidence of Child Abuse, Neglect or Physical Abuse (Controls)
	Birth Records/Vital Statistics	Health Indicators for Parent and Child (Controls)

TABLE V. 2
SAMPLE LAYOUT OF THE MPR MASTERFILE

VARIABLE NAME	DESCRIPTION	FORMAT	LENGTH	SOURCE
First Name	First name of the teenager	Character	15	Public Assistance Master File
Middle Initial	Middle initial of the teenager	Character	1	Public Assistance Master File
Last Name	Last name of the teenager	Character	15	Public Assistance Master File
Social Security #	Social security number of the teenager	Character	11	Public Assistance Master File
Case Number	Number assigned to the welfare case	Numeric	??	Public Assistance Master File
Individual Number	Number assigned to the teenager	Numeric	??	Public Assistance Master File
Case Status	Status of the welfare case	??	??	Public Assistance Master File
Relationship to Case Head	Relationship of the teenager to the head of the welfare case	Numeric?	27	Public Assistance Master File
Street Number	Address of the teenager	Numeric	5	Public Assistance Master File
Street Name		Character	20	Public Assistance Master File
Apartment Number		Character	5	Public Assistance Master File
City		Character	15	Public Assistance Master File
State		Character	2	Public Assistance Master File
Zipcode		Numeric	5	Public Assistance Master File
Telephone Number		Telephone number of the teenager	Character	13
Date of Birth	Month, day and year of the birth of the teenager	Date	8	Public Assistance Master File
Date of Random Assignment	Month, day and year of the random assignment of the teenager	Date	8	Generated by MPR
Random Assignment Status	Random assignment status of the teenager 1 = Experimental 2 = Research control 3 = Non-research	Numeric	17	Generated by MPR

Table V.2 (continued)

Associated Individual # 1	First other eligible individual in the same household as the teenager	----		----
First Name - AI1	First name of associated individual # 1	Character	15	Public Assistance Master File
Last Name - AI1	Last name of associated individual # 1	Character	15	Public Assistance' Master File
Date of Random Assignment - AI1	Month, day and year of random assignment of associated individual # 1	Date	8	Public Assistance Master File
Associated Individual # 2	Second other eligible individual in the same household as the teenager	----		----
First Name - AI2	First name of associated individual # 2	Character	15	Public Assistance Master File
Last Name - AI2	Last name of associated individual # 2	Character	15	Public Assistance Master File
Date of Random Assignment - AI2	Month, day and year of random assignment of associated individual # 2	Date	8	Public Assistance Master File
Associated Individual # 3	Third other eligible individual in the same household as the teenager	----		----
First Name - AI3	First name of associated individual # 3	Character	15	Public Assistance Master File
Last Name - AI3	Last name of associated individual # 3	Character	15	Public Assistance Master File
Date of Random Assignment - AI3	Month, day and year of random assignment of associated individual # 3	Date	8	Public Assistance Master File

activities, AFDC case status and benefits, child abuse and **neglect**, and birth information will also be included for the experimentals.

The program staff will use the **datasets** for several purposes. Certain case status codes will trigger client or staff notifications. For example, the referral of an eligible case will trigger a notification of program obligations; a termination of the AFDC case will trigger a notice to the case manager and to MPR of the status change, and failure to meet participation requirements will trigger sanction notices. Aggregate program statistics are being generated from these **datasets** to monitor the overall program performance, and aggregate case-manager-level data are being generated to help monitor the performance of case managers. Individual **case** records are accessed by the case managers for purposes of service planning, contract monitoring, and case review.

Most of the data from the Program Database will also be exported to the Evaluation Database; transactions from the Program Database will be transferred periodically in machine-readable form to the Evaluation Database.¹ Some supplemental agency data may need to be transferred, as well.

3. The Evaluation Database

The Evaluation Database will contain most of the data on the MPR Master File and the Program Database. In some cases, information that will be retained only as current status data on the Program Database will be preserved in a historical array of information on the Evaluation Database (e.g., AFDC benefit levels). In addition, the evaluation database will contain data on controls as well **as experimentals**, and will contain data from additional sources, including a **24-month** follow-up survey to be administered by MPR to both experimentals and controls.

B. PRIMARY DATA COLLECTION

Primary data collection will occur in four areas: (1) baseline/intake; (2) assessment; (3) client tracking; and (4) client follow-up. Below, we discuss plans with respect to each area of data collection.

¹In general, data are not being exported from the Program Database to various state agency databases. In this regard, it is very important that any transferred data not jeopardize the integrity of the demonstration (e.g., by introducing unintended “interventions”).

1. Intake

Data collected by the demonstration program staff during the application and random assignment process provide basic background information on all teenage parents in the evaluation sample. (Additional data are obtained from experimentals at assessment, as discussed below.) To ensure that these data are comparable across the sites and are sufficiently complete for research purposes, we have worked with the states to develop a comprehensive Intake Data Collection Form that meets both their program and our evaluation needs.¹ These forms, which are self-administered in group **settings,**² collect such information as employment and educational history, AFDC receipt, fertility history, family background, participation in other programs, and current living arrangements. The content of the Intake Data Collection Form is summarized in Table V.3.

In addition to the intake data form, the TABE Survey Form (level **M**) is being administered to all sample members at the time of **intake.**³ This test measures skills in six areas: vocabulary, reading comprehension, mathematics computation, mathematics concepts, language mechanics, and language expression. The test is administered in a group setting and is scored using a DBASEIII-Plus program. The individual score report is illustrated in Table V.4.

2. Assessment

Detailed needs assessment information is collected by case managers in individual sessions with experimentals after randomization. This method permits a

¹ Some of the data requested on the Intake (and Assessment) Forms may be reflected more accurately in agency or other records. However, due to access issues and for comparability, we have devised a fairly comprehensive Intake Data Collection Form, which, for experimentals, is complemented by an Assessment Form (see below).

² Groups generally include five to twenty respondents.

³ We actively considered a number of alternative tests for their appropriateness, including the Language Measurement Assessment Inventory used in the English Language Proficiency Survey recently conducted by the U.S. Bureau of the Census, the NAEP **Literacy** Assessment Form, the Job Corps Reading and Math screener tests, the SRA **test**, and the **###CASIS** Assessment- Systems. The TABE Survey Form was selected because of administrative and scoring ease, the interpretability of results, and **norming** properties.

TABLE V.3
CONTENT OF THE INTAKE FORM

Section	Data Elements
I. Personal Data	Name Address Tenure at Residence Telephone Number Birthdate Citizenship Languages Spoken Marital Status Ethnicity/Race Gender
II. Household Comparison and Family Background	Household Composition Sources of Income Welfare Dependency as a Child Job Training Experience Public Housing Status and History Living Arrangements When Growing Up Child of Teenage Parent Age, Education and Employment Status of Parents
III. Education	School Status and Plans Educational Aspirations and Expectations School Drop-Out History
IV. Work Limitations Barriers	Physical Problems Other Problems
V. Pregnancy and Child Bearing	Number of Pregnancies Ages at Pregnancies Outcomes of Pregnancies Prenatal Care Residence of Children Not Living With Teenager
VI. Teenage Parent Programs	Names of Programs Current Participation Status Services Received

Table V.3 (continued)

VII.	Family Planning and Birth Control	Birth Control Methods Used Currently Birth Control Methods Used Ever Age When First Used Contraceptive Methods Age When First Had Intercourse
VII.	Child Information	Names of Children Birthdates of Children Birth Weight Health Status at Birth Father's Age Father's Ethnicity/Race Father's Education Father's Public Assistance Father's Status Father's Current Activity Father's Contact with Child Mother's Contact with Child Child Support from Father
IX.	Employment and Training	Job History Training History
X.	Contact Information	Name Address Telephone Number Relationship

TABLE V.4
TABE TEST RESULTS FORMAT

ID#: _____	Name: _____	
Date: <u>mm/dd/yy</u>		
Subtest	Raw Score	Grade Score
Vocabulary	XX	
Comprehension	XX	
Total Reading	XX	XX.X
Math Computation	XX	
Math Application	XX	
Total Math	XX	XX.X
Language Mechanics	XX	
Language Expression	XX	
Total Language	XX	XX.X
Total TABE Score		XX.X

more in-depth and personalized interview than is possible in a group setting, and allows for a less cumbersome and time-consuming intake form.

The Assessment Data Collection has been designed to supplement the Intake Data. The formal supplemental assessment efforts include the completion of an Assessment Form, which collects additional information on employability, educational needs, social service needs, prenatal and post-natal care, and opinions and perceptions.⁷ In addition, the programs will use other, more specialized assessment tools that may be appropriate for particular clients and will, in some cases, refer clients to other agencies or programs for more specialized assessments.⁷

3. Client Tracking

Tracking data include all information associated with the recipient's participation in the AFDC program and its related services. Hence, it includes information not only on the status of the recipient's case and monthly AFDC benefit receipt, but also on support services received and enrollment in various education and training services. The data also include information used to establish the AFDC benefit amounts, such as the number of children, household circumstances, and the receipt of child support.

MPR worked with the sites to design a prototype automated tracking form and a computerized management information system for maintaining these data. Table V.5 summarizes the data that will be maintained in the client tracking systems. It is the responsibility of the case managers and clerical support staff in each site to maintain the files and keep the data current, including keeping up-to-date records in the files of case managers.

Illinois has worked with a contractor, **MAXIMUS**, to develop an automated case management system that uses the prototype form as its core, and that links these core data automatically to some agency data files and accepts other information

¹ The Job Search Knowledge and Occupational Interest Assessments are generally administered to participants 16 years old or older.

² We do not plan to collect detailed information on these other individualized assessment efforts. However, the client tracking effort will document the incidence of various types of special assessments and follow-up services on actions (see further below).

TABLE V.5
CASE TRACKING INFORMATION SUMMARY

I. Basic Information	Name Address Marital Status AFDC Payee and Relationship to Teenager AFDC Grant Social Security Number Case Manager ID Pregnancy Status
II. Household Members	Name Date of Birth Gender Relationship to Teenager Date Entered or Left
III. Demonstration Status	
IV. Intake and Initial Workshop Activities (Call-In, Intake, Literacy Testing, Life Skills Workshop, etc.)	Date Scheduled/Rescheduled Date Completed Comments
V. Assessment Activities (Initial Interview, Occupational Interest Inventory, Job Search Skills Evaluation, Self-Sufficiency Plan)	-Date Scheduled/Rescheduled Date First Completed Date Most Recent Completion
VI. Participation Deferral	Start Date Expected End Date Reason End Date
VII. Self-Sufficiency Plan	Goal Plan Date Plan Review Date Activity Code Provider ID Expected Start Date Expected Completion Date Mandatory?
VIII. Planned Administrative Activities	Activity Code Staff ID Target Completion Date Outcome/Comments

Table V.5 continued

IX. Client Activities	Activity Code Provider ID Entry Date Exit Date Exit Status Type of Course Hours/Week Type of Job Hourly Wage
X. Approved Child Care Services	Type of Provider Provider ID Approval Date Planned Amount Payment Period Service Hours per Week Dates for Which Service was Approved
XI. Child Care Payment	Provider ID Date of Payment Amount of Payment Total Attendance Attendance Units
XII. Training-Related Expenses	Date of Payment Amount of Payment Type of Expense Service Covered by Expenses
XIII. Child Support Enforcement	Child's Home Date of Interview with Mother Date Complaint Signed Date of Major Parental Signature Date Paternity Established Date Court Order Signed
XIV. Child Support Obligation and Payments	Judgment Date Obligation Amount Period of Obligation Amount
XV. Participation Review	Date of Review Provider ID Activity Reviewed Staff ID Mode of Review Results Code Comments

Table V.5 continued

XVI. **Sanctions**

Dates of Notices
Date of Payment Reduction
Date of Payment Reinstatement
Reason for Sanction
Amount of **Payment** Reduction
Intended Duration of Sanction
Compliance Date

through direct keying. MPR has developed a client tracking for New Jersey using PARADOX. The New Jersey system will accept information from other databases, but it is not formally linked with any.'

4. Follow-Up Data

Data on AFDC status and benefits will be obtained from the Program Database and through downloads from state Payment Files. However, most of the other data on the evaluation outcomes are being collected separately. Four other sources of data will be used: (1) follow-up surveys of experimentals and controls to assess child care; (2) a follow-up survey administered 24 months after intake; (3) literacy tests administered 24 months after intake; and (4) the' periodic collection of information from various administrative records.

A Survey of Child Care Needs and Use will be conducted with a small sample (about 800) of the participants and control group members three to six months after referral to the program. This survey will be nearly identical to the Child Care User Survey designed for the special study of child care needs and supply in the demonstration sites (see above), and will be conducted using a mixed mode (telephone and field follow-up) interviewing strategy. The information in this survey will be complemented by information that will be collected from named providers of child care for children of the demonstration sample members who responded to the Child Care Needs and Use survey. The provider survey will also be modeled after that used for the general survey of area child care providers conducted to provide contextual information for the evaluation.

A 24-month follow-up interview will obtain data on the activities and experience of sample members. This survey will be administered by MPR to all experimentals and controls. MPR will administer the survey using mixed-mode interviewing methods (telephone and in-person). For those who are still receiving AFDC at the time of the scheduled interview, we will attempt to interview the individual by telephone. If we are unable to complete the interview by telephone (most often, due to the lack of phone ownership), we will attempt to conduct the interview in-person. For those who are no longer receiving welfare, we will conduct

¹ See **Maxfield** (1987) for documentation of the New Jersey system.

in-person interviews so as to enable us to conduct a follow-up literacy test (see discussion below).

Follow-up literacy testing, using the TABE Survey Form that has been used at intake, will be conducted with all sample members. The demonstration staff will administer the test in groups to experimentals and to controls who are still receiving AFDC 24 months after sample intake. MPR-trained interviewers will administer the test to nonrecipients of AFDC in conjunction with administering the in-person **follow-up** interview.

Agency records data will provide the third source of follow-up information. We will seek to obtain unemployment insurance wage report data for all sample members throughout the follow-up period. Access to these data requires that MPR and the states engage the cooperation of the Unemployment Agency in each state and work with its data management personnel to conduct the sample matching and data extraction. Other agency data that will be tapped as a major source of follow-up information include Child Support Enforcement Agency data on paternity establishment and enforcement activities and outcomes, vital statistics and birth records on birth outcomes, and social service agency records on support services, evidence of child abuse and neglect, and program participation. These agency data will be an especially important source of information on interventions and outcomes for controls, since we will not have intensive case tracking data for them.

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