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Maternity Group Homes Classification and Literature Review

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CHAPTER I

INTRODUCTION

Although the rates of pregnancy among teenagers have fallen steadily throughout the past decade, teenage pregnancy and parenthood remain serious problems in the United States. More than 850,000 teenagers become pregnant each year, and more than three-quarters of the resulting births are to unmarried teens (Henshaw 2003; and Alan Guttmacher Institute 1999). The majority of teenagers who become pregnant come from disadvantaged backgrounds, and early pregnancy and childbirth create additional challenges. These teen parents and their children struggle with difficult circumstances in the short term and throughout their lives.

The problems facing pregnant and parenting teens are well documented. Teen mothers tend to be very poor, and most are single parents; this stress is often compounded by physical or sexual abuse and other health issues (U.S. Department of Health and Human Services 2000). Pregnancy can interrupt teens' educational pursuits and early employment experiences (Maynard 1996). The negative outcomes associated with teenage pregnancy, including lifelong poverty and lengthy spells on public assistance, can follow mothers and their children for the rest of their lives (U.S. Department of Health and Human Services 2000). The daughters of teen mothers often become teen mothers themselves, with all the accompanying negative outcomes, thus perpetuating the intergenerational cycle of poverty and disadvantage. Teens with tenuous living situations before their pregnancies have additional needs and may be more disadvantaged than other pregnant and parenting teens, and homelessness would increase their risk of negative outcomes.

The negative consequences of teenage pregnancy and parenthood for teen parents, their children, and society have prompted policymakers to search for strategies to reduce teenage pregnancy and improve the life chances of teens who do have children. The federal government sponsored a number of rigorous evaluations in the late 1980s to examine the effectiveness of programs designed to improve the well-being and eventual economic self-sufficiency of welfare-dependent teenage parents. These included studies of the Teenage Parent Demonstration and Home Visitor Services for Welfare Dependent Teenage Parents. In addition, state government agencies and private foundations sponsored studies of programs such as New Chance and Ohio's Learning, Earning, and Parenting Program.

More recently, evaluations have focused on teenage pregnancy prevention strategies, such as Abstinence-Only Education Programs.

Because those who become parents as teenagers are at high risk of being dependent on welfare for a longer period of time than other parents, special attention has been paid to this group under various welfare reforms. For instance, the Family Support Act of 1988 specifically targeted young mothers for the Job Opportunities and Basic Skills program and included special provisions for teenage mothers. As a condition of welfare receipt, mothers ages 16 to 19 who had not yet completed high school were required to participate in educational activities and could not be exempted from participation based on their child's age, as older mothers caring for very young children were. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) included requirements concerning the education and living arrangements of teenage parents on welfare. Unmarried parents under the age of 18 who have not earned a diploma must either attend school or participate in some type of educational or training activity. Unmarried minor parents must live with a parent or guardian, with few exceptions, as a condition of receiving benefits. States are required to provide or facilitate alternative adult-supervised living situations for those unable to live with a parent.

In addition to federal government requirements and programs, a number of national organizations and faith- and community-based programs provide services for pregnant and parenting young women. Some of these organizations—such as the Nurturing Network, Heartbeat International, Care Net, the National Council for Adoption, and various local crisis pregnancy centers—focus exclusively on serving pregnant young women. These groups operate pregnancy resource centers to provide support for women of all ages who are dealing with unplanned pregnancies. For other organizations, such as Catholic Charities and Lutheran Social Services, aiding pregnant and parenting young women is only part of their broader social service missions.

While these organizations can provide a variety of services, most are unable to directly meet one specific need of some pregnant and parenting teens—that of safe, supervised housing. There are few housing options for pregnant and parenting teens who cannot live with a parent or responsible adult, and teens with tenuous living situations may have to leave their homes when they become pregnant. Pregnancy may be the final straw in an already unstable living situation, or their homes may be unsuitable environments in which to raise their babies due to issues of overcrowding, unsafe living conditions, domestic violence, or other extenuating circumstances. Teens in foster care who become pregnant may find that their current home is unable to accommodate their infant, and foster care placement cannot always ensure that a teen and her child will be placed together. Furthermore, homeless shelters and battered women shelters often do not accept minor teens or their young children. Few teens have the financial and personal resources to live independently, particularly while caring for a young child, and teens facing housing instability are likely to be among the most disadvantaged.

Maternity group homes are a potential solution to this housing issue, and possibly to other challenges facing teen parents. Maternity group homes can offer an intensive package

of services to meet the short- and longer-term needs of pregnant and parenting teens. In the short term, these homes provide a secure living environment with adult supervision and material and emotional support for teen-headed families. Maternity group homes can also promote more positive long-term outcomes for teen parents and their families, by providing more extensive services, such as education, training, counseling, and parenting instruction, to better prepare residents for independence. Maternity group homes can also provide necessary supports such as child care to enable teen parents to pursue those avenues to better their lives and their families' futures.

While maternity group homes have the potential to address some important consequences of teen pregnancy, little is known about their effectiveness in improving the outcomes of teen parents and their children. Although interesting descriptive data exist, there is a need to document and synthesize their findings, as well as to identify gaps in the existing research that must be filled to determine the effectiveness of maternity group homes. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (DHHS) is interested in assessing the feasibility of conducting a rigorous evaluation to assess the effectiveness of maternity group homes. To this end, ASPE contracted Mathematica Policy Research, Inc. (MPR) to explore options and design an evaluation of maternity group homes. Components of this design study include:

- Telephone calls to a number of maternity group homes to collect basic information for assessing their potential for evaluation
- Site visits to select homes to assess their evaluability and identify sites for inclusion in an evaluation
- Development of questionnaires for collecting baseline and follow-up data from sample members
- Drafting evaluation and data collection plans

The design effort will culminate in a final report on the feasibility of conducting a rigorous evaluation of maternity group homes in the selected sites.

The current report, which reviews prior research and creates a classification framework for maternity group homes, is an important first step in this study and lays the foundation for the design report. The rest of the report focuses on the research conducted to date on maternity group homes. Chapter II describes the characteristics of maternity group homes, discusses the similarities and differences between individual homes, and develops an initial classification system for the homes. Chapter III reviews the research on maternity group homes, describing the types of studies that have been conducted in the past and summarizing their findings, then discusses their limitations and how a rigorous evaluation might fill some of the gaps in the research.

CHAPTER II

WHAT ARE MATERNITY GROUP HOMES?

Maternity group homes have a long history. Some of the maternity group homes in operation today—such as Inwood House in New York, St. Ann’s in Maryland, and the Florence Crittenton agencies—trace their origins to the 1800s (Reich 1996; Reich and Kelly 2000; and Child Welfare League of America 2004). A number of rescue homes were opened in the United States in the late 19th century to aid unwed mothers who, at the time, faced considerable social stigma in addition to economic hardship. These homes provided a safe place for young “fallen women” to live during and after pregnancy, as well as services intended to “rehabilitate” them and teach them to care for their children. The need for such homes was greatly reduced, however, in 1935, when Aid to Families with Dependent Children (AFDC) was enacted to provide federal support for single mothers, whether widowed or unwed, and their children (Cooper 2003). Over the decades, gradual social changes made single motherhood more socially acceptable, thus further reducing the need for maternity group homes. However, teen mothers still face considerable challenges in caring for themselves and their children.

Recent welfare reform rules that require minor parents live in approved housing as a condition of TANF receipt have contributed to a resurgence of interest in maternity group homes specifically targeted to serve pregnant and parenting teenagers who, for one reason or another, cannot live in their parents’ homes. In 2001, there were more than 132 maternity group homes operating in 29 states around the country (Social Policy Action Network 2001). These homes are similar in that they all provide housing and other support services for pregnant or parenting teenagers. Individual homes can differ greatly, however, due to differing program goals and operational contexts. In this chapter, we rely on data from the 2001 Social Policy Action Network (SPAN) survey and other sources in the literature to describe some of the characteristics across which maternity group homes vary, focusing on three questions:

1. What services do maternity group homes provide, and how are these services delivered?
2. Whom do maternity group homes serve?

3. How are maternity group homes funded and managed?

We then attempt to classify maternity group homes across a few major dimensions.

PROGRAM COMPONENTS AND SERVICE DELIVERY IN MATERNITY GROUP HOMES

The potential of maternity group homes to address the numerous problems facing pregnant and parenting teens rests in the range of services they can provide to their residents. The most basic components provided by all maternity group homes are housing and adult supervision. Most homes go well beyond that, however, with many offering a comprehensive array of support services to their residents. This section discusses the housing structure, staffing, rules, and support services of maternity group homes.

Housing Structure. Probably the most fundamental need filled by maternity group homes is that of housing. Two basic housing structures are utilized for maternity group homes: congregate homes and clustered apartments. The majority of respondents to the 2001 SPAN survey used congregate structures, while about one-quarter used clustered apartments and another 8 percent used a combination of housing types. Congregate homes are often in buildings that were formerly large single-family houses. Some residents of congregate homes share a bedroom with another teen, while in other such homes each teen family has its own bedroom. Kitchens and living areas are shared, and bathrooms may be either shared or private. Maternity group homes using the clustered apartment structure may fill an entire (small) apartment building with teen families, or they may only have a few units in a larger building. Families may be assigned their own apartment, or two families may share an apartment. Residents of congregate homes typically eat meals together and share chores, while teens living in clustered apartments typically are responsible for preparing their own and their children's meals and for ensuring the cleanliness of their own apartment.

Housing structure varies even within networks of maternity group homes (see Section C for a discussion of maternity group home networks). All of the existing statewide networks include both some congregate homes and some clustered apartment homes. In most networks, this is because decisions about structure are made by the individual organizations that run each maternity group home and depend upon housing available in the local area. However, a few networks vary their housing structure deliberately in order to offer residents a continuum of housing types, so that teens can move in stages toward independent living. Rhode Island has three different levels: young teens begin the program living in congregate homes and work their way to transitional apartments as they prepare for self-sufficiency (SPAN 1999). A few tiny local networks, such as Seton Home in Texas and St. Ann's in Maryland, also provide a continuum of housing types, with congregate structures for most teen residents and more independent structures for older mothers transitioning out of the maternity group home (SPAN 1999; and Reich and Kelly 2000).

House Rules. Maternity group homes can impose numerous restrictions and obligations on residents, both to provide needed structure to the lives of the girls living there and to teach them responsibility and skills they will need to be self-sufficient once they leave

the home. Residents typically are required to help with household chores, for example. Residents of congregate homes typically share responsibility for preparing group meals and cleaning common areas; teens living in clustered apartments are responsible for preparing meals for themselves and their children and are required to keep their own apartment clean.

Also, maternity group home residents typically are subject to curfews and restrictions on visitors, particularly overnight guests. Alcohol and drugs are typically forbidden. Maternity group homes may require residents to attend classes on such topics as parenting and life skills and to participate in supervised play sessions with their babies. Some homes require teens to actively pursue formal education or employment while residing in the group home (see below for more on support services).

Limits on Length of Stay. While many maternity group homes allow families to remain in residence for as long as they meet the program eligibility requirements (including maximum age), others have limits on the length of time a teen can live in the home regardless of their age. More than a third of respondents to the 2001 SPAN survey reported time limits. Of these, the most common limit was also the longest reported: two years. However, teens do not necessarily remain in the maternity group home for the maximum amount of time these limits would allow. In some cases, they may age out before reaching the limit; in other cases, they may find an alternative housing situation or become dissatisfied with the maternity group home program. For example, although the Family Development Center home in Georgia was designed for families to remain in residence for one year, staff considered a six-month stay to be a reasonable benchmark of commitment (Fischer 2000).

Supervision. Another basic component shared by all maternity group homes is adult supervision. Adults are on hand to provide informal counseling, emotional support, and nurturing to resident girls, as well as to enforce program rules and offer other support services described below. Staffing patterns vary widely across different maternity group homes, depending on funding, intensity of supervision, and amount of support services provided directly. Some have only a few staff (one site reported only a single paid staff person, the director), while others have more than a dozen. Many maternity group homes responding to the 2001 SPAN survey reported more full-time-equivalent staff than teen families. The average staff-to-teen ratio was about one-to-one.

In response to the high needs of teen parents for support and supervision, many maternity group homes are staffed 24 hours a day. Almost 90 percent of respondents to SPAN's 2001 survey reported having staff on duty around the clock. There is variation even among those, however, since some specify 24-hour "awake" staff, while others have resident staff who sleep in the group home. Some other maternity group homes have more limited staff hours. A few small networks have a continuum of staffing intensity. In Rhode Island homes, for example, the number of hours during which staff are on site decreases at each stage, from 24 hours, to 16, to 8, as teens move toward independent living.

The types of staff employed also vary from home to home. Some maternity group homes rely on full-time staff, while others have additional part-time staff. At some sites, all or most staff are paid, while others heavily supplement paid staff with volunteers. The credentials and roles staff play also vary. For example, Bridgeway in Colorado relies on

volunteers to fill a number of functions including serving as mentors and teaching over 100 workshops and classes each year, on topics covering life skills, emotional issues, health and employment education (Bridgeway Homes 2004). At another site, credentialed therapists provide mental health services to maternity group home residents pro bono. One home in Maine that places emphasis on serving teen fathers in addition to teen mothers was careful to hire some male staff members (Reich and Kelly 2001).

Support Services Provided. In addition to the basics of housing and supervision, pregnant and parenting teens have a wide variety of needs, from immediate medical and mental health to education and job-training services that will enable them to become self-sufficient in the longer term.¹ Reliable child care and transportation are necessary to ensure that mothers can make use of these other services. Maternity group homes can offer support services to meet these needs themselves or can refer their residents to outside providers for other services. The extent to which maternity group home staff are available to provide support services directly varies, although services tend to be somewhat similar at different homes within networks. For example, Florence Crittenton homes tend to have a wide variety of services available on site, while homes in the Massachusetts and New Mexico networks rely more on external service providers (see Section C for a discussion of these maternity group home networks).

Almost all maternity group homes offer a set of basic services—life skills and parenting classes and assistance connecting with outside services—and homes commonly provide supports to enable teens to avail themselves of outside services. Among the 95 maternity group homes surveyed by SPAN in 2001, almost all reported offering both parenting and life skills lessons to their residents. About three-quarters of the homes SPAN surveyed reported providing transportation for residents to get to school and/or child care. Just under half of the homes reported providing child care themselves, and many others have relationships with off-site child care providers to care for children while their parent is attending school, training, or work.

Many maternity group homes strive to offer additional services on site. Some provide education, GED preparation, or job training to help improve families' economic future. Nearly 60 percent of those responding to the 2001 SPAN survey reported providing job training and counseling, and about 15 percent provided high school and/or GED education. Some provide medical, mental health, substance abuse treatment, family planning, abstinence education, and pregnancy prevention services. About half of the maternity group homes surveyed by SPAN provided mental health services, and about a fifth offered medical services. Some provide mentors, services for fathers, outreach to families, and followup for alums. The most comprehensive maternity group homes offer all these services and have necessary facilities, such as day care centers, health clinics, and even public schools, on site.

¹ In addition to meeting the needs of their residents, some maternity group homes provide support services or links to outside services to teens who do not reside on site.

Less is known about the extent to which participation in the classes offered and the use of available services are required of maternity group home residents, although the literature includes a number of examples of sites with requirements. Under welfare reform, all minors who have not yet earned a diploma are required to attend school as a condition of receiving TANF. Many maternity group homes incorporate this requirement into their program rules; others go a step further, requiring all residents to participate in some education, training, or employment activity. For example, Bridgeway in Colorado requires all residents to participate in continued education, counseling, and attendance in a series of semiweekly workshops on topics covering life skills, emotional issues, and health and employment education (Bridgeway Homes 2004). Massachusetts' Teen Living Program residents must spend at least 20 hours engaged in some type of educational or job-training activity and participate in several hours of parenting or life skills activities (including supervised play or discussions on money management) each week (Wood and Burghardt 1997). One home in Georgia requires that each resident choose a GED, vocational, or employment track and participate in relevant activities (Fischer 2000). St. Ann's in Washington, DC has a high school located on site and requires high school attendance of all its residents (Sylvester 1995).

POPULATION SERVED BY MATERNITY GROUP HOMES

The structure and services maternity group homes provide can depend on the particular needs of the population being served. Individual homes serve different numbers and types of residents, who make their way to the maternity group homes through different avenues. The reasons a home serves the population it does may be due to program goals, or they simply may be the result of practical considerations or local context. This section discusses the capacity, target populations, and referral and screening processes of maternity group homes.

Capacity. The maximum number of residents that an individual maternity group home can house at one time may be decided by the managing organization based on program goals, or they may be dictated by limited funding and the housing facilities available in an area. The number of families living in a facility contributes to the home environment and thus potentially affects program outcomes. For example, there is some evidence from a study of Massachusetts' Teen Living Program network that home size may be negatively correlated with satisfaction (Collins, Lemon, and Street 2000). On the other hand, larger facilities may benefit from economies of scale.

There is considerable variation in the number of families that can be served by individual maternity group homes, but the majority of homes are quite small. Some homes serve as few as two teen families at a time, while others may serve as many as 47 (SPAN 2001). Just over half of the maternity group homes surveyed by SPAN in 2001 reported

capacities below 10 families, and only 11 homes had room to serve more than 20 families. The mean capacity of the homes in the 2001 SPAN directory is about 11 families.²

Program capacity, of course, is only the upper limit on the number of families actually residing in a home. Actual program size also depends on the demand for maternity group home beds among eligible teens in the local area. Some homes may have open slots, while others may have waiting lists.

Target Population. Pregnant and parenting teens are not a homogeneous population. While the residents served by each maternity group home varies naturally depending on the types of teen parents in need in their service area, some maternity group homes deliberately target specific subgroups of teens. Teens in group homes can derive emotional support and learn from one another, as well as from program staff; housing similar types of teens together may encourage this peer support and allows staff to specialize. Many maternity group homes target a particular subset of teens defined by age, family composition, or eligibility for or participation in a specific social service:

- **Age:** Most homes serve a limited age range. Some focus on younger teens (for example, age 12 to 18), while others target older teens and even young mothers in their early 20s (up to 21, for example, or 17 to 25). A few have different age limits for pregnant teens than for parenting ones. Some homes have no age limits at all, and others are flexible about their official limits. For example, some will allow teens already in residence to remain for a specified amount of time after they reach the program's stated upper age limit.
- **Family Composition:** Homes often place limits on the family composition of enrollees. Many maternity group homes serve both pregnant and parenting teens, but some serve teen families only after a baby is born, and a few serve only pregnant teens, who must move out shortly after giving birth.³ Some homes place limits on the number of children of teens entering the home or on the ages of children in residence. Most programs only serve single parents, primarily mothers, but some allow single fathers, and at least one was specifically designed to serve two-parent families (Reich and Kelly 2001).

² Homes for the Homeless American Family Inns in New York, New York reportedly serves 540 families, but includes a broader population than teenage parents, and so was excluded from calculation of the mean. Including this very large site results in an average capacity of about 16 families.

³ Some homes that serve only pregnant teens are part of networks that operate separate homes for parenting teens. Others may focus on serving teens who plan to give their babies up for adoption.

- ***Eligibility for Other Services:*** Some maternity group homes have eligibility criteria tied to some other social service, such as TANF or foster care. For example, some maternity group homes are funded almost entirely by foster care reimbursements and serve mandatory placements, teens in state custody. Some other maternity group homes require that residents be eligible for or receiving TANF, Medicaid, or, in one home, Job Corps. Massachusetts created its Teen Living Program network to provide an alternative for teens unable to live with their parents or another adult relative, since, under welfare reform, all states require minor parents to live with a responsible adult as a condition of TANF receipt. Other states work with minors on TANF to find an appropriately supervised living situation, and several states' policies specifically mention maternity group homes as an option (State Policy Documentation Project 1999).

Some networks have different homes that serve different populations (see Section C for a discussion of maternity group home networks). For example, one home in Massachusetts' Teen Living Program network is specifically for victims of domestic violence. St. Ann's, a two-home network in Maryland, provides residential care for 21 pregnant adolescents and young mothers and their babies through its Teen Mother-Baby Program and operates a separate facility of transitional apartment housing for eight young mothers (18 to 25 years old) and their children. Another two-home network, St. Elizabeth's in Indiana, operates both a Maternity Home with the capacity to serve 17 pregnant teens and a Transitional Home with capacity to serve seven young families after the baby is born.

Referrals and Screening. The type of population served by a particular maternity group home can depend on the organizations that refer teens to the home and the process by which applicants are screened. A variety of organizations—including welfare agencies, child protective service agencies, courts, homeless shelters, faith-based and other community-based organizations—refer pregnant or parenting teens to maternity group homes. Some teens find maternity group homes on their own. Many maternity group homes accept referrals from several different places, but some homes (about one-fifth of respondents to the 2001 SPAN survey) accept only referrals from a single source. For example, homes that serve foster children exclusively may accept referrals only from child protective services agencies. Homes tied to welfare reform minor living arrangement rules may accept only referrals from welfare agencies.

Potential maternity group home residents must be screened, if only to ensure they meet the program's minimum eligibility requirements. However, information about screening criteria and methods is limited in the maternity group home literature, particularly in cases where programs themselves, rather than referring agencies, conduct the screening. Screening of potential residents is done by referring organizations for some maternity group homes. In Massachusetts, for example, state Department of Social Services staff consider the case of new teen applicants for TANF benefits who state that they are unable to live at home or with an adult guardian and make a determination of whether they should live with their parents or be referred to a maternity group home in the state's Teen Living Program network (Collins, Lane, and Stevens 2003). Other homes do their own screening. Even

some homes where teens are placed by social service agencies, such as several in New York, New York, for which all admissions are approved by the Child Welfare Administration (CWA), have the right to accept or reject each placement (Reich 1996).

MANAGEMENT AND FUNDING OF MATERNITY GROUP HOMES

Everything about maternity group homes—from program goals and the population targeted to the services offered and the methods of delivering these services—is determined by their operating organizations, sometimes with input from networks and funding organizations. Membership in a network of homes may open up avenues of funding and can have an impact on decisions made by managers of individual homes, since networks may have rules that all members must follow concerning what types of teens to accept and what services to provide. Funding organizations also can play a role in these decisions, particularly in homes where a single source provides the majority of program funds. Within any constraints placed by their networks and funders, the individual organizations that operate homes have considerable latitude to design their own programs. This section discusses networks, management, funding, and operating costs of maternity group homes.

Network Membership. While many maternity group homes are independent institutions, others are members of larger networks of homes. Networks can be a loosely affiliated set of homes with little more in common than geographical location and a shared funding stream, or they can follow a more prescriptive structure with similar goals, target populations, and services. Even within the most centralized maternity group home networks, there can be considerable variation in the characteristics of individual homes.⁴ There are several statewide networks of maternity group homes, some homes are part of smaller local networks, and others are affiliated with the national Florence Crittenton organization. In fact, more than half of the 132 homes listed in the 2001 SPAN directory were part of some type of maternity group home network.⁵

- **Local Networks:** Local networks of group homes, most of which are quite small, may be run by county agencies or by non-profit organizations that operate a small number of homes within a local area. These small private networks may have begun as a single group home that expanded to additional

⁴ For example, although all homes within Massachusetts' Teen Living Program network met the required specifications, an implementation study of the Teen Living Program concluded that the emphasis of each home differed somewhat due to differences in managing organizations, local community resources, and program staff (Collins, Lane, and Stevens 2003).

⁵ However, this percentage is not necessarily representative of all maternity group homes nationwide, since the SPAN directory is not exhaustive; it is possible that independent homes were more likely than networked homes to escape the notice of the catalogers.

facilities in order to increase capacity or to create separate facilities for different purposes or populations. For example, St. Andre Home, Inc. runs four maternity group homes in southern Maine, with the capacity to serve 44 families. A few other maternity group home sites, such as Bridgeway in Colorado and St. Elizabeth's Regional Maternity Center in Indiana, actually are groups of two or three separate homes that serve a handful of families. Perhaps the largest local network is a public one—the Supportive Housing Program in Wayne County, Michigan has five homes, with capacity to serve 57 families.

- ***State Networks:*** A handful of states—including Georgia, Massachusetts, New Mexico, Rhode Island, and Wisconsin—have created statewide networks of maternity group homes. The largest of these (the Teen Living Program network in Massachusetts) once included 21 facilities with capacity to serve 133 families, while the smallest (Rhode Island's New Opportunity Homes program) includes only five small homes with the capacity to serve 14 families. Nevada and Texas had funded state networks of maternity group homes, but these efforts recently ended due to budget cuts. Other states—such as Maryland, Minnesota, Pennsylvania, and the District of Columbia—have considered creating networks of maternity group homes (Sylvester and Reich 1999).
- ***National Networks:*** In addition to state and local networks, there is at least one national organization with affiliated maternity group homes across the country. This network is much older than most geographically based networks; the Florence Crittenton organization was founded in the late 19th century to aid young “women of the street” and has expanded and evolved through the years to provide a variety of services to teens, especially those who are pregnant or parenting (Child Welfare League of America 2004). Now part of the Child Welfare League of America, the Florence Crittenton Division currently includes 18 maternity group homes in 15 different states. In addition to maternity group home sites, the Florence Crittenton network includes 12 other local agencies that provide various services to pregnant and parenting adolescents but do not have residential facilities.

In addition to these networks, the Family and Youth Services Bureau (FYSB) of the U.S. Department of Health and Human Services (DHHS) has established 10 Regional Training and Technical Assistance Providers which provide relevant information, assistance, and training to all of the FYSB grantees in their region, including some maternity group homes. To the extent that these regional providers deliver similar information, assistance, and advice to all maternity group homes they serve, the homes involved with a given regional provider may loosely be described as a network.⁶

⁶ Telephone calls to sites will determine how structured these relationships are and whether the different maternity group homes served by these regional providers are similar enough to conform to our definition of a network.

Operation and Management. Individual homes are operated by separate organizations, even within all but the smallest networks of maternity group homes. Thus, there is considerable variation in the characteristics of individual homes within most networks, as discussed below. A study of Massachusetts' Teen Living Program network found that the specific emphasis of each home in the network depended on the mission and history of the individual organization running that home (Collins, Lane, and Stevens 2003). For example, there was disagreement among different Teen Living Program homes as to which of the network's several desired goals and outcomes should be primary.

Almost all maternity group homes are operated and managed by community-based organizations. Some may have religious affiliations, while others are secular. Some have broader functions than only operating maternity group homes. For example, Florence Crittenton agencies often provide a variety of support services to nonresident teens. Some organizations that run maternity group homes also provide adoption services. For example, in addition to operating a small network of maternity homes and an outreach program for nonresident teens, St. Andre Home, Inc. in Maine offers comprehensive adoption services to birth mothers and adoptive parents.

Sources of Funding. The operation of maternity group homes can be affected by which agencies or organizations provide their funding. Funding streams may come with instructions as to how the funds are to be used; for example, TANF funds may be used only to support families that meet TANF eligibility requirements. Thus, maternity group homes that receive all, or even the majority, of their funding from a single source may need to follow their funding program's guidelines as to what types of populations to serve or what types of services to provide.

Most maternity group homes rely on a variety of funding sources, however. Even maternity group homes that are part of a statewide network, and thus receive at least some state funding, typically report a number of other sources of funds. Sources of financial support for maternity group homes include:

- ***DHHS:*** DHHS provides financing for maternity group homes through a number of different funding streams. The Transitional Living Program, run by FYSB, provides grants for aiding homeless youth, including pregnant and parenting teens. Recognizing the importance of maternity group homes, Congress amended the federal Runaway and Homeless Youth Act legislation in 2003 to specifically include maternity group homes in the Transitional Living Program. DHHS set aside \$10 million (about 10 percent of the total \$98 million Runaway and Homeless Youth Program budget) specifically for maternity group homes in its 2003 budget, and estimates the same amount will be set aside for 2004. In addition, TANF, Social Services Block Grant, and foster care funds flow from the Administration for Children and Families (ACF) within DHHS, through the states, to maternity group homes. Some homes also rely on Medicaid funding from DHHS's Centers for Medicare and Medicaid Services.

- ***Other federal agencies:*** Another major source of federal funding available to maternity group homes is the U.S. Department of Housing and Urban Development (HUD). Through the Supportive Housing Program, HUD provides grants to help homeless populations, including pregnant and parenting teens, in achieving residential stability, increasing their skill levels and incomes, and obtaining greater self-determination. Other HUD funds are available to maternity group homes through Community Development Block Grants and Emergency Shelter Grants.
- ***State and local governments:*** Maternity group homes may receive funding from a variety of state, county, and city government agencies, including departments of housing, social services, welfare, and even corrections. Some states have special funding streams designated for homes in their statewide maternity group homes networks, as discussed above.
- ***Private donations:*** Many homes receive at least some funding through private donations. These contributions are given by foundations, organizations such as the United Way, faith-based organizations, and individual donors in the community.
- ***Resident contributions:*** Many maternity group homes also obtain some funds from their residents. For example, the mechanism by which Massachusetts Teen Living Program homes get TANF funding is by requiring residents of the homes to contribute a portion of their welfare check to partially defray the costs of living in the homes. Other maternity group homes charge residents a flat monthly rent amount or a sliding-scale fee. Maternity group home residents also often contribute their food stamps benefits to stock group kitchens.

Some homes rely on a single funding stream for all or most of their financial support. While foster care reimbursement is perhaps the most common funding source for these single-source homes, it is not the only source adequate to entirely sustain a maternity group home. The type of funding organization may have more impact on the operations of homes that rely on a single source, since such homes may be more closely bound by their funders' guidelines.

Operating Costs. The cost of operating maternity group homes varies depending on location, staffing, services provided, number of families served, and other factors. Among homes surveyed by SPAN in 2001, the annual cost per family ranged from \$5,000 to \$85,000, with a mean of about \$36,000. These numbers are self-reported, were likely calculated in different ways, and may not accurately account for all program costs. Still, they indicate considerable variation in program costs. Some of this variation may be due to decisions made by the homes, such as the intensity of supervision and the amount of services provided directly by maternity group home staff—two factors that are likely to be correlated with costs. Some programs may rely heavily on volunteer staff or receive considerable in-kind donations, which may not be factored into reported cost amounts. In addition, some homes may have partnered with Job Corps or other systems to achieve cost efficiencies. However, some factors outside of program control, such as the local housing market, will also affect their costs.

CLASSIFICATION OF MATERNITY GROUP HOMES

The discussion above has demonstrated that maternity group homes vary greatly across many different dimensions, each of which could be an element of a classification scheme, though many are closely related, and some characteristics are more central than others. We have selected a few areas in which some of the most critical of these characteristics can be collapsed to create a classification framework to organize our understanding of maternity group homes. The three elements we believe most essential to understanding the types of maternity group homes are: (1) population served, (2) degree of structure and supervision provided, and (3) level of support services offered.

Using some type of framework to classify these programs, which vary on numerous dimensions, can be helpful as we think about designing an evaluation of these programs. For instance, one might choose to be representative of the diversity of maternity group homes and deliberately select programs that vary across some elements of our classification system. Alternatively, one might choose to focus on programs that fall within a single model of particular interest within this typology.

Classification Element 1: Resident Population

This dimension covers the number of residents served and the basic characteristics that made them eligible to live in the maternity group home. Homes range along this dimension from those that welcome a broad population, and include a wide variety of types of residents, to those that focus on a particular subgroup. The resident population may be correlated with program goals or with an individual home's sources of funding or referrals.

At one extreme of this dimension are homes with very few eligibility requirements. They tend to accept teen applicants of all ages, whether pregnant or parenting, regardless of their eligibility for TANF, foster care or other social services. Some even have the capacity to serve families with more than one child. Homes that serve broad populations are likely to rely on a number of different funding sources and accept referrals from a variety of organizations and agencies. Examples of maternity group homes close to this end of the spectrum are St. Elizabeth's in Indiana, which has no age restrictions and serves both pregnant and parenting teens, and the Northwest Pregnancy Center and Maternity Home in Washington, DC, which serves both teens and young women in their early 20s who are either pregnant or parenting as many as two children (Sylvester 1995).

At the other extreme are homes that serve a narrowly defined population. Eligibility requirements for residence in these maternity group homes could be based on age, family composition, or eligibility for a particular social service. For example, some homes accept only mandatory placements of minors in foster care, while others serve only older teens, possibly due to consent issues related to serving minors. Some homes further restrict their target population to pregnant girls or those parenting their first child. The reasons for targeting a particular population are in some cases due to program goals, while in other cases are the result of practical considerations. Some homes with narrow target populations receive funding and referrals from a single source, such as child welfare or TANF agencies, which determine the eligibility of applicants. Examples of homes at this end of the spectrum

include Massachusetts' Teen Living Program homes, which serve only TANF recipients, and the Tapestry Home in Georgia, which serves only teen mothers in state custody.

Classification Element 2: Structure/Supervision

This dimension covers the physical and social structure of the housing being supplied, the amount of supervision provided, house rules, restrictions and obligations. Maternity group homes range along this dimension from highly structured, nurturing, family-like environments to virtually independent living situations. Structure and supervision may be correlated with homes' target populations (for example, younger teens may require more structured living arrangements than older teens) or with costs (for example, 24-hour supervision is likely to cost more due to the need to pay salaries to additional staff).

At one extreme of this dimension are maternity group homes that provide a highly structured living situation. These are most likely congregate houses, in which teens share kitchens, living areas, and possibly even bathrooms and bedrooms with other families. They are supervised 24 hours a day, often by staff who live in the house. Curfews and restrictions on visitors are strictly enforced. Teens take turns doing chores, such as cleaning shared spaces and preparing meals for the entire household. This type of home may be more likely to serve younger teens. Some homes of this type may be the first step in a continuum, leading to a more independent housing situation still within a maternity group home program. Highly structured homes may require higher staff-to-teen ratios and thus may have higher costs per resident family. Level 1 homes in Rhode Island's network are an example on the highly structured side of this dimension; these are congregate homes in which kitchen and living areas are shared by several teen families, there is an awake staff person on duty at all times, and finances are managed by program staff (SPAN 1999).

At the other extreme are maternity group homes that provide a more independent living situation. Typically, these are clustered apartments in which each teen family has their own unit. Each teen is generally responsible for preparing her own meals, for herself and her children, and for keeping her apartment clean. Staff may reside in a separate apartment nearby or offsite and may be available less than 24 hours a day. This type of home may be more likely to serve older teens. Some homes of this type serve only teens who lived in congregate-type maternity group homes within the same network before and are moving toward entirely independent living. Level 3 homes in Rhode Island's network are an example of the independent side of this spectrum; teens live in transitional apartments, are supervised by staff only eight hours per day, and budget and manage their own finances.

Classification Element 3: Service Intensity

This dimension covers the range of support services provided by maternity group home program staff to residents, in addition to basic housing and supervision. Homes range along this dimension from basic to comprehensive. The intensity of services provided may be correlated with program goals, staffing, and costs.

At one extreme of this dimension are maternity group homes in which program staff offer only basic services. Teens residing in these homes receive a safe place to live during and/or after pregnancy, which is a critical need for many. Staff at these maternity group homes usually also provide lessons on parenting and life skills. In addition, they assist residents in connecting with outside providers for other needed services. Staff of basic maternity group home programs may have developed strong relationships with outside service providers to make accessing these services easy for residents. In some cases, homes may have decided not to provide certain services themselves because they are readily available in the local community. Other homes that provide only basic services directly may consider providing safe housing to be their primary goal.⁷ Homes that provide only temporary, emergency, or short-term housing for teens are likely to fall into this category, since residents would not be around long enough to benefit substantially from more extensive services. Most homes in New Mexico's statewide network are examples near this end of the spectrum; they provide only basic services themselves, but program directors are responsible for linking residents to various services provided by community partner agencies outside the homes (SPAN 1999).

At the other extreme of this dimension are maternity group homes that directly provide a comprehensive array of support services. In addition to the basic services provided by almost all programs, these homes would provide medical and mental health care, education (high school or GED programs or both) and job training, on-site child care, transportation, outreach to fathers and families, and follow-up services for participants after they leave the maternity group home. Homes that offer comprehensive services may have broader goals than those that provide only basic services, they may be located in areas where other service providers are not readily available, or they might just be better funded and thus able to provide directly services that other homes consider important but must rely on outsiders to provide for their residents. Homes that provide more services directly may require higher staff-to-teen ratios and thus have higher costs per family served. The Florence Crittenton home in West Virginia is one example that would fall at the comprehensive end of the spectrum; it provides an array of services to their residents and has impressive facilities, including an alternative school, day care center, and health clinic on-site (Sylvester 1995).

In addition to providing a useful tool with which to organize our understanding of maternity group homes, this preliminary classification system will assist us in developing protocols for telephone conversations with maternity group home sites. However, we may further refine this classification framework as our design study progresses. Screening

⁷ This is not always the case, however. Some homes rely on outside providers to supply residents with other support services they consider important. For example, Massachusetts' Teen Living Program intervention assumed "that a broad array of comprehensive services is most effective," and all homes in the network were required to offer their residents *access* to case management, parenting and life skills curriculum, child care, and educational, counseling, and health services, but no homes within the network provided all services *directly* (Collins, Lane, and Stevens 2000; Collins, Lane, and Stevens 2003; and SPAN 2001).

telephone calls may provide more information on these and other characteristics of maternity group homes, and visits to select sites may inform the feasibility of evaluating different types of homes. In addition, our calls to sites will help provide a better sense of where each home falls along the continuum for each of the three classification elements.

III

RESEARCH RELATED TO MATERNITY GROUP HOMES

Given the considerable interest in maternity group homes and the roles they can play in assisting pregnant and parenting teens transition to independence, it is important to document and synthesize what is known about these homes, as well as to identify gaps in the existing research. A number of studies of maternity group homes have been conducted in recent years; however, little is known about how effective they are in achieving their goals. Most studies of maternity group homes have simply examined the characteristics of their programs and, sometimes, the characteristics of their residents. There have been very few studies on the implementation and operation of maternity group homes and no rigorous evaluations of these homes that can shed any light on their effectiveness.

Existing studies that have focused on maternity group homes can be categorized into four groups:

1. Studies that describe the characteristics of maternity group homes but do not report any data on program outcomes.
2. Studies that present some data on outcomes, either based on data collected or on anecdotal evidence, but without any context or basis for comparison.
3. Studies that compare outcomes of different groups or at different points in time. Some of these studies compare some outcomes of maternity group home residents or former residents to those of the general teenage parent population or some other “similar” group in a state or the nation. Others compare the outcomes of the same individuals at two points in time, either at program intake and exit or sometimes after leaving the maternity group home. A few studies mix these internal and external comparison methods.
4. Studies that look at implementation of maternity group homes.

A summary of the studies that looked at maternity group homes is provided in Table A.1 in Appendix A. These studies provide a wealth of information on the characteristics and operations of maternity group homes, useful data on the characteristics of residents, and even some promising findings on outcomes. However, large gaps remain in the collected knowledge on the impacts of maternity group homes, for several reasons.

Although some of these studies, particularly those in the third category, may interpret their results as though they were evidence of the effectiveness of maternity group homes, none of the studies conducted on maternity group homes to date have employed methodologies rigorous enough to yield true evidence of effectiveness (as discussed further in Section D below). In particular, none had an appropriate comparison group, and most lacked comparison groups entirely.

The diversity of methodologies employed by studies of different maternity group homes makes distilling a consistent message from these studies challenging. In addition, some of these studies (especially those in the second category listed above) do not describe the research methods or data sources used, which further complicates interpretation of their findings. These issues should be kept in mind as we examine the literature on maternity group homes.

Despite the limitations and inconsistent methodologies of these studies, some tentative statements can be made regarding their findings about residents of maternity group homes. In general, maternity group home residents come from disadvantaged backgrounds but exhibit normal social supports. High proportions of maternity group home residents receive various types of assistance (from the homes and other sources) while living in the homes; however, many teens do not stay in the homes as long as they could. Some of the most promising outcomes found in studies of maternity group homes are related to child health and to father involvement with the child.

This chapter first summarizes the findings of past studies of maternity group homes, focusing primarily on those studies based on more solid methodology, on a wide variety of outcomes. The discussion centers on three questions: (1) Who are maternity group home residents? (2) What are residents' experiences in maternity group homes? and (3) What are residents' experiences after they leave the homes? We then discuss the limitations of studies conducted to date and ways a rigorous evaluation might fill some of the gaps in the research.

RESIDENT CHARACTERISTICS

Examining the characteristics of maternity group home residents is critical to understanding program outcomes. A number of studies have described the populations served by various maternity group homes or networks of homes. Here we synthesize the findings of these studies in order to describe some aspects of the characteristics of program residents.

Backgrounds. Not unexpectedly, maternity group home residents tend to be a disadvantaged population. Many have histories of welfare receipt, domestic violence, child abuse, educational interruptions, and housing instability. Studies have reported family reliance on welfare among as many as 76 percent of residents of some maternity group homes, and many teen mothers are themselves children of teen mothers (Saunders 1990). Different studies found that between 13 and 50 percent of residents reported being abused by their boyfriends, and an early study of Massachusetts' Teen Living Program network found that 43 percent of residents had been Department of Social Services cases when they were children (Reich 1996; and Saunders 1990). Between 37 percent and about 67 percent of residents had dropped out of school, and many maternity group home residents had been homeless or "precariously housed" before coming to the homes (Reich 1996; Saunders 1990; Saint Elizabeth's Regional Maternity Center 2004; and Fischer 2000).

Social characteristics. Despite their disadvantaged backgrounds, residents of the homes show considerable resiliency. Some studies indicate that maternity group home residents have adequate social support and related characteristics. An early study of Massachusetts' Teen Living Program network found that most residents had adequate parenting and life management skills (Reich 1996). A study of two maternity group homes in California found the clinical and psychological characteristics of residents to be similar to those of different populations of pregnant teens in other studies, although residents had lower self-esteem than older mothers in other studies, particularly on the school-academic subscale (Koniak 1989). Residents of those homes reported support networks that included 9.5 people, on average, mostly family and friends, including other maternity group home residents. Although the majority of respondents had not intended to become pregnant, they were still able to develop positive attachments to their unborn fetus.

EXPERIENCES DURING RESIDENCE

The extent to which maternity group homes have impacts on their residents may depend on the specific experiences of these teen mothers while residing in the home. The previous chapter discussed what maternity group homes offer their residents. In this section, we describe what happens for teens in the homes, including how long they remain in residence, their satisfaction with their maternity group home experience, and what individual residents do while living there.

Length of stay. There is considerable variation in how long teens stay in maternity group homes, a result of program rules as well as the individual preferences of residents. Studies of different maternity group homes report average lengths of stay ranging from just 67 days to 2 years (Reich 1996; Fischer 2000; and Collins, Stevens, and Lane 2000). Residents leave maternity group homes for a variety of reasons, including:

- Reaching the time limit or age eligibility limit of the maternity group home
- Finding an alternative living situation (for example, receiving a voucher for public housing or subsidized housing)

- Dissatisfaction with living in the maternity group home, especially its restrictions and obligations
- Termination for a serious infraction of program rules

Since some teens leave because their need for the maternity group home has ended, and some homes are designed to provide only temporary housing, a short length of stay is not necessarily a negative outcome. However, the average length of time that teens stay in a maternity group home could be an important factor in their potential success in achieving some longer-term goals, since programs are less likely to be able to meet their goals if families stay for considerably shorter periods of time than programs intend. The literature on maternity group homes indicates that residents often leave well before any program limits on the length of time they can stay expire. For example, a study of the FDC home in Georgia found that, although that program was designed for families to remain in residence for one year, only about 17 percent of families remained that long (Fischer 2000). FDC staff considered a six-month stay to be a reasonable benchmark of commitment, but 46 percent of families left even before that point. One study of Massachusetts' Teen Living Program network reported that the average length of stay was under eight months, despite program rules allowing teens to remain for two years in many homes and an unlimited time (until they reach the maximum age of 20 or 21) in others (Collins, Stevens, and Lane 2000).¹ However, another study of the Teen Living Program reported that the average length of stay is increasing over time (Sawyer 2000). An implementation study of the Teen Living Program concluded that the long-term nature of the program is critical (Collins, Lane, and Stevens 2003).

Satisfaction. Participant satisfaction may be correlated with more positive outcomes, since satisfied residents may be more likely to focus on achieving goals and dissatisfied participants are more likely to leave maternity group homes before they reach their goals. In addition, residents are more likely to be satisfied if the homes are providing the services they need. The literature indicates that residents are pleased with some aspects of maternity group home programs, but that they have problems with others, particularly program rules. A study of Massachusetts' Teen Living Program network found that more than 80 percent of responding current and former maternity group home residents rated child care and educational components pretty helpful or very helpful (Collins, Lemon, and Street 2000). When residents were asked what was most helpful about the maternity group home, the most common responses related to specific classes or services (24 percent), emotional support from staff and other residents (20 percent), and fulfillment of basic needs (14 percent). The most common responses when Teen Living Program residents were asked what was *not* helpful about the maternity group home related to program rules (26 percent) and conflicts with staff or other residents (20 percent). Elsewhere in the literature are

¹ This study included only former residents who had lived in a maternity group home for at least 30 days. Including residents with very short stays in the computation would result in a lower mean.

anecdotal reports that some maternity group home residents find the numerous house rules and obligations many homes impose on residents to be overly restrictive. For example, a study of the FDC home in Georgia found that more than half of residents had difficulty abiding by rules relating to overnight leave and curfews, attendance at group sessions, employment preparation requirements, and payment of rent (Fischer 2000).

Activities and services received. Maternity group home residents seem to take advantage of the many of the support services and activities the homes offer, including education. A study of Massachusetts' Teen Living Program network found that high proportions of former residents received services such as parenting and life skill classes, education, counseling, and child care (Collins, Stevens, and Lane 2000). A study of the FDC home in Georgia, which requires residents to select from among three required tracks, found that 59 percent chose the vocational training track, 19 percent the employment track, and 16 percent the GED track (the remaining 6 percent did not stay at the home long enough to choose) (Fischer 2000). Different activities are appropriate for different maternity group home residents. An implementation study of the Teen Living Program network concluded that program flexibility is important in serving the differing needs of each individual resident (Collins, Lane, and Stevens 2003).

Public assistance receipt. Maternity group home residence may be correlated with patterns of reliance on public assistance. Although aiding their residents in achieving financial independence in the longer term is a goal for many maternity group homes, homes often encourage or even require families to connect with the benefits for which they are eligible during their residence. This can result in rising rates of reliance on public assistance between the time the teen applies to enter a maternity group home and the time the teen leaves the home, then falling rates of welfare receipt after exit. For example, in the FDC home in Georgia, which deliberately connected residents with a variety of types of public assistance benefits during the program, receipt of TANF rose from 57 percent at intake to 84 percent at exit, then fell to 43 percent, a lower level than it had been at intake (Fischer 2000).² A study of Massachusetts' Teen Living Program network, for which receipt of TANF is an eligibility requirement, found that about 71 percent of former residents were still receiving TANF at the time of the follow-up interview (about one year after they left the maternity group home, on average), a decline from 100 percent at the time teens entered the maternity group home (Collins, Stevens, and Lane 2000). Some decline in receipt of public assistance is to be expected, however; studies of welfare recipients have found similar reductions in welfare receipt within a year or two after enrollment (Kisker, Rangarajan, and Boller 1998).

² Other types of public assistance followed the same pattern. At intake, 52 percent were receiving food stamps, 72 percent Medicaid, and 38 percent WIC. At exit, these percentages had risen to 89 percent, 52 percent, and 87 percent, respectively. But all had fallen by followup, when 52 percent were still receiving food stamps, 66 percent Medicaid, and 14 percent WIC.

Health of teens and their babies. Maternity group homes often attempt to promote healthy behaviors and encourage teen residents to utilize health services. Most provide assistance to residents in finding health care providers and getting to doctor appointments, and some even have health clinics on site. Thus, we might expect maternity group home residents to have adequate health care-related outcomes, despite disadvantaged backgrounds. For example, a study of two maternity group homes in California found the pregnant teen residents to be healthy, for which the study credited their ongoing obstetric care (Koniak 1989).

Other studies report positive outcomes relating to the health of children born in or residing in maternity group homes. For example, an early study of Massachusetts' Teen Living Program network found that the children of most Teen Living Program residents were in good physical health, although somewhat higher proportions had asthma (Reich 1996).³ The Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) maternity group homes network in Georgia reports that 100 percent of the children in the program had been immunized (G-CAPP 2004). Other studies cite positive statistics on birth weights, which can be affected by access to health care during pregnancy. These studies found that between 90 and 100 percent of babies born to residents were of normal or above-average birth weight for teenage mothers, but they offered no basis for comparison (Sylvester and Reich 1999; and Reich 1996).

Repeat pregnancies. Most maternity group homes have rules restricting visitors, particularly male visitors and overnight guests. Many also offer classes on such topics as birth control and family planning. Thus, it is not surprising that statistics on the proportions of teens experiencing repeat pregnancies during their time of residence in a maternity group home are low. In studies reporting on this issue, the percentage of residents becoming pregnant while residing in the home range from less than 1 percent to 5 percent (Sylvester and Reich 1999; Sawyer 2000; Sylvester 1995; and Reich 1996). Some of these studies compare these rates favorably to statistics on repeat pregnancies among all teen mothers nationwide, or in the local area of the particular home. This result is not surprising, however, since many teens move into maternity group homes before or soon after the birth of their child, and the length of stay in the homes is often short.

Father involvement. Many maternity group homes provide outreach or other services to the fathers of residents' babies. One study found that the percentage of fathers actively involved in their child's lives increased from about 29 percent at intake to 47 percent at exit, although only 13 percent of children's fathers actually participated in program activities (Sawyer 2000). This study also found an increase between intake and exit in the proportion receiving financial support from their children's fathers (from four percent to seven percent). However, since these changes are measured using program intake as the baseline, it is likely

³ About 14 percent of children in Teen Living Program homes had asthma, compared to 11 percent of children in the general population nationwide (Reich 1996; U.S. Department of Health and Human Services 2004).

that some teens were not receiving support then because they had not yet delivered their baby.

OUTCOMES AFTER LEAVING MATERNITY GROUP HOMES

Due to the variety of supports and services they provide to teen families, maternity group homes could affect a wide range of outcomes. Studies of maternity group homes have reported findings on the outcomes of former residents in a number of areas, including education, employment, child support, housing, family planning, and use of health care.

Educational pursuits. Although many teens drop out of school before entering maternity group homes, most homes encourage drop-outs to return to school, and many former residents continue their education after leaving the homes. Studies that surveyed former maternity group home residents found that 45 percent to 65 percent had pursued educational activities after leaving the program (Fischer 2000; and Collins, Stevens, and Lane 2000). The variation in educational activities among former residents is probably due, in large part, to the different age groups served by different homes. A study of Massachusetts' Teen Living Program network found that about 38 percent of former residents had obtained their GED since leaving the maternity group home, and about 21 percent of these had attended some college (Collins, Stevens, and Lane 2000).

Employment and earnings. Along with education, the employment and earnings of former maternity group home residents are key outcomes particularly relevant for their future success. Different studies have reported mixed findings on these issues. Across studies that surveyed former maternity group home residents after they left the home, reports of employment after range from 25 percent to 65 percent of former residents (*Economist* 1995; and Collins, Stevens, and Lane 2000; G-CAPP 2004; Fischer 2000; Sylvester 1995). This variation likely reflects a number of factors, including the diverse populations served by different homes, the labor markets in different locations, and different study methods used. The highest percentage was reported in a home where program staff place program graduates in jobs (Sylvester 1995).

Reports of percentages that ever had a job after leaving the maternity group home do not necessarily indicate employment stability, however. Different studies found that the job tenures of employed former maternity group residents ranged from an average of just 76 days to an average of about nine months (Collins, Stevens, and Lane 2000; and Fischer 2000). A study of Massachusetts' Teen Living Program network found that, although 44 percent of former residents had been employed at some point since leaving the program, only a quarter of them were employed at the time of the follow-up interview (about one year after they left the maternity group home, on average) (Collins, Stevens, and Lane 2000). The study notes that this rate compares unfavorably with the general population, in which just over half of mothers with infants under a year old are employed. However, teen parents may be more likely to be in school than older parents, and former maternity group home residents are more disadvantaged than the general population (Collins, Stevens, and Lane 2000).

The few studies that reported on the characteristics of jobs held by former maternity group home residents found average earnings ranging from about \$946 to \$1,200 per month (Collins, Stevens, and Lane 2000; and Fischer 2000). A study of Massachusetts' Teen Living Program network found that although those employed since leaving the program worked a substantial number of hours per week, most of their jobs were in the retail sales and service sectors, paid low wages, and did not provide health benefits (Collins, Stevens, and Lane 2000). A study of the FDC home in Georgia found that, on average, employed former residents were working full-time and earning almost \$1,200 a month (Fischer 2000). The study compared former residents' earnings favorably to the \$1,076 monthly amount predicted by another study for young disadvantaged mothers in the same labor market area. This study also found that the percentages of employed former FDC residents meeting two of three Congressional Research Service (CRS) income benchmarks compares favorably to an external study's findings on a sample of former JTPA participants. CRS compared the income of former JTPA recipients to three benchmarks, based on family size: the maximum AFDC benefit, the gross income limit beyond which they would no longer be eligible for AFDC, and the federal poverty line. About 91 percent of former JTPA recipients in the CRS study exceeded the first benchmark, 39 percent exceeded the second, and 31 percent exceeded the third. In comparison, only 55 percent of former FDC maternity group home residents in the Fischer study exceeded the first benchmark (\$235), but 53 percent exceeded the second (\$659), and 45 percent exceeded the third (\$836).

Child support. Many maternity group homes provide outreach or other services to the fathers of residents' babies. In addition to strengthening their attachment to their children (a difficult-to-measure outcome) and involvement in their lives, this outreach may encourage the fathers to contribute financially to their babies' mothers. Studies of different maternity group homes reported that between 7 and 50 percent of former residents received some economic support from their children's fathers (Sawyer 2000; Collins, Stevens, and Lane 2000; and Fischer 2000). The variation could be explained by differences in program emphasis and timing of data collection for different studies. The lowest proportion reported was at time of exit from the program, while higher rates were reported at followup. The highest proportion reported was among former residents of the FDC home in Georgia, which emphasizes the importance of securing financial support from the child's father. This study found a substantial increase in the proportion receiving regular financial assistance from the father of their child, from only 14 percent at the time they entered the maternity group home to 50 percent of former residents at followup (Fischer 2000). However, since this change was measured using program intake as the baseline, it is possible that some teens were not receiving economic support then because they had not yet delivered their baby.

Housing. Since housing instability is one factor in the decision of many teens to enter a maternity group home, one might expect former maternity group home residents to continue to have a difficult time finding stable housing after leaving the security of a maternity group home. Studies of maternity group homes have found that many former residents need some type of housing assistance. Many require the financial assistance available through subsidized or public housing programs (Fischer 2000; and Collins, Stevens, and Lane 2000). Others live with friends or relatives after leaving maternity group homes rather than immediately establishing their own independent household. For example, a

study of Massachusetts' Teen Living Program network found that the majority (about 58 percent) of former Teen Living Program residents were living in a temporary, rather than permanent, housing situation, most often living with family, friends, or the father of their child. Some of these temporary housing situations were probably deliberate steps along a path to more independent living, but others may be more tenuous situations. About 16 percent of former Teen Living Program residents had been homeless at some point since leaving the program, a substantially larger percentage than was found in recent investigations of homelessness among teens, which reported rates of less than 10 percent (Collins, Stevens, and Lane 2000).

Subsequent pregnancies. Having additional children can impede the progress of teen parents toward self-sufficiency. For this reason, maternity group homes often educate residents about family planning in an effort to reduce repeat pregnancies even after teens leave the home. Most studies reporting on this issue found pregnancy rates among former maternity group home residents to be similar to rates reported in other studies of teen parents or lower than (sometimes considerably lower than) the national average. These studies found that between 10 and 28 percent of teens were pregnant again one year after leaving the maternity group home (Sylvester 1995; Fischer 2000; and Collins, Stevens, and Lane 2000). The variation between findings of different maternity group home studies may be due to differences in program focus, population served, or study methodologies. One study with a follow-up period as long as four years after exit for some respondents reported a repeat pregnancy rate of 36 percent (Fischer 2000). For comparison, a study of first-time welfare-dependent teen parents in three inner-city areas found that about two-thirds had a repeat pregnancy during followup, about 28 months after intake on average, and that about half had another child in that time (Maynard 1993). A study of the general population of teenage mothers found that about one-quarter had a second child within two years of their first (Kalmuss and Namerow 1994).

Health care. The previous section discussed the health of teen mothers and their children during their residence in the maternity group home, but homes often attempt to promote lasting healthy behaviors and encourage teen residents to utilize health services even after they leave. A study of Massachusetts' Teen Living Program network found that 96 percent of former residents had some type of health insurance, although the vast majority of them (for 91 percent of former residents) were Medicaid (Collins, Stevens, and Lane 2000). About 87 percent of former Teen Living Program residents had taken their child to a doctor since leaving the maternity group home, and 82 percent had themselves seen a doctor.

LIMITATIONS OF EXISTING STUDIES

While these studies provide useful descriptive information on maternity group homes and their residents, they suffer from several limitations that reduce the usefulness of their findings. There are a number of gaps in the breadth and depth of knowledge collected in specific substantive areas. In addition, these studies have suffered from a number of methodological issues, the most serious of which is the lack of a comparable control group.

The literature on maternity group homes provides limited information on a wide range of substantive topics, but more comprehensive data have been collected on only a few topic areas. Most studies either provide a brief look at a number of different homes (the SPAN directory, for example, which catalogs almost one hundred different homes but provides only basic data on their characteristics), or a more intensive examination of a single maternity group home or network (for instance, the evaluation of Massachusetts' Teen Living Program). Thus, knowledge of some substantive issues related to maternity group homes is based on data collected from only a small minority of homes, which may not be representative of other homes nationwide. Some specific topic areas are not addressed in most studies; for example, there is little information on domestic violence or substance abuse outcomes in the research on maternity group homes. Few studies were able to explore longer-term outcomes of former residents due to short follow-up periods, or, in many cases, no followup at all after residents left the homes. In addition, few studies explored the implementation of maternity group homes, resulting in limited information on the challenges faced and lessons learned as staff operate maternity group home programs.

Besides substantive gaps, studies of maternity group homes have suffered from the following methodological drawbacks:

Lack of comparison or control group. In order to assess program effectiveness, a study needs to be able not only to track the outcomes of program participants, but also to determine how they would have fared in absence of the programs. To accomplish this, evaluations must include an appropriate comparison group and be able to control for differences between participants and comparison group members. The ideal approach is an experimental design with a control group; if that is not feasible, a well-constructed comparison group can serve the same purpose. However, no studies in the literature on maternity group homes focused on developing a comparison group and collecting the same data on comparison group members as participants. As a result, it is difficult to interpret findings on outcomes. Many existing studies did not provide any comparisons for outcomes of maternity group home residents at all. When comparisons were drawn, statistics on program residents were typically compared to external data on the general population of teenage mothers or to other "similar" populations, which most likely differ from program residents in meaningful ways. In addition, the external data sources to which studies compared the outcomes of maternity group home residents likely used different data collected methods, measures of key outcomes, follow-up time periods, and so on. A few studies compared characteristics of the same individuals at different points of time, but this method can capture changes in their outcomes over time that would have occurred anyway, with or without the program intervention.

Small sample sizes. Program capacity, combined with average length of stay, determines how many teens can enter a maternity group home during a given intake period. As discussed in Chapter II, most maternity group homes have capacity to serve fewer than a dozen residents at a time. This limited capacity results in small sample sizes for most studies of maternity group homes, which may be one reason for the lack of more rigorous studies. The sample sizes of the largest studies included in this review range from 80 to 199 families. These numbers were achieved by pooling data across a number of different homes within a

maternity group home network and/or using an intake period of up to four years (Fischer 2000; Sawyer 2000; and Collins, Stevens, and Lane 2000). Most other sources in the maternity group home literature do not state the sample sizes on which reported outcomes are based, although extrapolating from the capacity of the programs they discuss suggests that they are likely to be considerably smaller than those reported above.

Sample attrition. Another problem with many of these studies is one of sample attrition. Accurate measures of characteristics at followup require high response rates among former participants, since the outcomes of respondents may differ from those that did not respond, resulting in nonresponse bias, in addition to a reduction in statistical power. But tracking participants after they leave a program can be difficult, particularly when the program is targeted to a population with a history of housing instability. Maternity group home residents *all* change residences when they exit the program, and, as discussed above, many move into temporary housing. Multiple changes of address complicate tracking, and inability to track participants can lead to lower response rates. In the few studies that tracked participants after they left maternity group homes, response rates at followup ranged from 55 percent (in a study whose followup occurred as long as four years after program exit) to 65 percent (Fischer 2000; and Collins, Stevens, and Lane 2000).⁴ Maternity group homes were unable to provide researchers with contact information for some residents, including those who had unlisted numbers or had moved out of the state or gone “underground” due to domestic violence.

RECOMMENDATIONS AND NEXT STEPS

While there have been a number of important studies of maternity group homes, there is much left to be learned. Early studies have provided useful descriptive data on some maternity group homes and their residents, but far less is known about many other homes. In addition, limitations in the methodology used in these studies severely limit what conclusions can be drawn about effectiveness. A rigorous evaluation of maternity group homes could address many of these gaps in the research.

- **Increasing substantive depth and breadth.** The literature on maternity group homes could be greatly advanced by studies that are both broader and deeper, examining a wide range of topics across a number of different homes. In particular, additional research on such topic areas as implementation and operation issues and longer-term participant outcomes would be useful. Substantive areas that are not addressed by most studies could be explored more extensively in a larger number of maternity group homes. Even topics that are commonly addressed in the existing research, such as education, could be investigated more thoroughly.

⁴ Response rates are likely to be even lower in studies that did not report them on provide other details on methodology.

- ***Using control or comparison group.*** A rigorous evaluation could address the most serious methodological limitation of past studies by identifying an appropriate comparison group, then following comparison group members as well as program participants and collecting the exact same data for both groups. The most rigorous method for selecting a comparison group is through a random assignment design, whereby all applicants to the program being studied are randomly assigned to either the treatment or the control group. If random assignment is not feasible, either because of ethical considerations in the absence of excess demand or other practical issues, other methods can be used to identify as similar a comparison group as possible.
- ***Increasing sample sizes.*** To accurately measure the effectiveness of maternity group homes, future studies will need to ensure adequate sample sizes to generate sufficient statistical power. This could be achieved by focusing on only large maternity group homes; by pooling data across a number of similar homes, perhaps within a network; by extending the sample intake period; or by a combination of these. However, care must be taken in implementing any of these suggestions. Large homes may differ from small homes in other ways than size, so results of a study on large homes may not be representative of all maternity group homes. Pooling data requires identification of homes that are similar enough to be considered as one. Extending intake periods could be complicated by changes over time in the maternity group home programs or the populations they serve.
- ***Reducing sample attrition.*** To reduce the problems caused by sample attrition, evaluations can implement procedures to both increase response rates at followup and use statistical methods to adjust for any nonresponse bias. Rather than rely on busy program staff to assist in contacting former residents, evaluators could track study participants themselves, requesting contact information from them directly before they leave the maternity group home; incentives can be provided to encourage former participants to respond once they are located.

As MPR's design study progresses, we will refine these recommendations and develop a design for a future evaluation of maternity group homes. The next steps in the design study include calling a number of homes to collect basic information on their characteristics, conducting site visits to assess the evaluability of select homes, developing questionnaires, and drafting data-collection and evaluation plans. The design effort will culminate in a final report discussing the feasibility of a rigorous evaluation of maternity group homes. By addressing gaps in past studies, such an evaluation could contribute a great deal to what is known about the effectiveness of maternity group homes.

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APPENDIX A
STUDIES OF MATERNITY GROUP HOMES

Table A.1: Studies of Maternity Group Homes

Studies	Data Sources and Methodology	Characteristics and Outcomes
<p>Collins, Mary Elizabeth, Terry S. Lane, and Joyce West Stevens. "Teen Living Programs for Young Mothers Receiving Welfare: An Analysis of Implementation and Issues in Service Delivery." <i>Families in Society: The Journal of Contemporary Human Services</i>, vol. 84, no. 1, 2003, pp. 31-38.</p> <p>Collins, Mary Elizabeth, Cristi Lemon, and Elizabeth Street. "A Consumer Review of Teen Living Programs: Teen Parents' Satisfaction with Program Components and Services." <i>Families in Society</i>, vol. 81, no. 3, 2000, pp. 284-293.</p> <p>Collins, Mary Elizabeth, Joyce West Stevens, and Terry S. Lane. "Teenage Parents and Welfare Reform: Findings from a Survey of Teenagers Affected by Living Requirements." <i>Social Work</i>, vol. 45, no. 4, July 2000, pp. 327-338.</p>	<p>Site visits to 21 TLP sites in 1998 and surveys of 72 current and 127 past residents (about one year, on average, after leaving the home); 69 percent response rate; outcomes of TLP residents compared to program expectations and to external data on "similar populations"</p>	<p>Describes Massachusetts' Teen Living Program (TLP) and its residents; presents outcomes on health, TANF receipt, education/training, employment, repeat pregnancy, housing/homelessness, abuse, and various dimensions of participant satisfaction</p>
<p>Cooper, Edith Fairman. <i>Second Chance Homes: Federal Funding, Programs, and Services</i>. Washington, DC: Congressional Research Service Report for Congress. September 29, 2003.</p> <p><i>The Economist</i>. "Another Home, Another Chance." <i>Economist</i>, vol. 336, no. 7931, September 9, 1995, pp. 32-33.</p>	<p>Based on other literature</p> <p>Based on other literature</p>	<p>Discusses selected results of other studies on maternity group homes</p> <p>Presents select results from a few maternity group homes (Homes for the Homeless' American Family Inns, Crittenton House, St. Ann's, and Bridgewater)</p>
<p>Fischer, Robert L. "Toward Self-Sufficiency: Evaluating a Transitional Housing Program for Homeless Families." <i>Policy Studies Journal</i>, vol. 28, no. 2, 2000.</p> <p>Georgia Campaign for Adolescent Pregnancy Prevention. http://www.gcapp.org/programs_secondchance.html Accessed January 2004.</p>	<p>Administrative data on 98 families, and surveys of participants and staff; 58% response rate for exit interviews, 55% for followup; outcomes compared to external data on similar populations, to different cohorts, and to the same individuals at different points in time</p> <p>Program documents</p>	<p>Describes the Family Development Center in Georgia and its residents; presents outcomes on employment, education/training, earnings, housing, receipt of public assistance, and repeat pregnancy</p> <p>Presents outcomes at exit from Georgia's network on education, employment, and immunizations</p>

Studies	Data Sources and Methodology	Characteristics and Outcomes
Koniak-Griffin, Deborah. "Psychosocial and clinical variables in pregnant adolescents: A Survey of maternity home residents." <i>Journal of Adolescent Health Care</i> , vol. 10, no. 1, January 1989, pp. 23-29.	Surveys of 90 pregnant teen residents of two maternity homes in Los Angeles to measure self-esteem, social support, and attachment to unborn child; compared sample to results of other studies of different populations	Presents outcomes during residence on self-esteem, social support, and attachment to unborn child
Reich, Kathy, and Lisa M. Kelly. <i>A Place to Call Home: Second Chance Homes in Georgia</i> . Washington, DC: Social Policy Action Network, March 2000.	Interviews with maternity group home practitioners	Describes seven networks and six privately-run maternity group homes
Reich, Kathleen. <i>Improving Outcomes for Mother and Child: A Review of the Massachusetts Teen Living Program</i> . Cambridge, MA: Harvard University, John F. Kennedy School of Government, April 1996.	Program records and a survey of 14 other maternity group homes in other states	Describes Massachusetts' TLP (and its residents) and 14 other maternity group homes; mentions selected outcomes from individual programs
Saint Elizabeth's Regional Maternity Center. http://www.stelizabeths1.org/ . Accessed January 2004.	Program documents; resident characteristics at intake compared to later	Presents outcomes of Saint Elizabeth's home residents at intake and after program on welfare receipt and education
Saunders, Edward. "Residential Program Serves Pregnant Teens and Young Mothers in Iowa." <i>Children Today</i> , vol. 19, no. 1, 1990, pp. 8-13.	Not discussed	Describes the Adolescent Pregnancy Program of Central Iowa and its residents; presents anecdotal outcomes of two participants
Sawyer, Christie. <i>Teen Living Program Network: FY '99 Monitoring Report</i> . Prepared for the Massachusetts Department of Social Services and the Massachusetts Department of Transitional Assistance, 2000.	Program intake and exit data and annual survey data on 149 TLP residents; compares characteristics of individuals at two different points in time	Describes Massachusetts' TLP and its residents; presents outcomes on skill levels, education/training, employment, income, and father involvement
Social Policy Action Network. <i>Second Chance Homes National Directory</i> . Washington, DC: SPAN, November 2001.	Survey of maternity group homes	Describes 95 maternity group homes around the country; mentions several outcomes in introduction, but no discussion
Social Policy Action Network. <i>Seeking Supervision: Second Chance Homes and the TANF Minor Teen Parent Living Arrangement Rule</i> . Washington, DC: SPAN, 1999.	Review of literature on living arrangements for minor parents and discussions with providers	Describes three state networks (Massachusetts, New Mexico, and Rhode Island) and more briefly, nine local maternity group homes; reports some outcomes from homes' own reports and some from literature review
Sylvester, Kate, and Kathy Reich. <i>Second Chance Homes: Advice for States</i> . Washington, DC: SPAN, September 1999.	Based on conversations with staff at those homes	Presents selected outcomes from a few maternity group homes (including Massachusetts and New Mexico networks, Bridgeway, Las Cruces Teen Parent Residence, and Seton Home) on repeat pregnancies, education, stronger life skills, and health
Sylvester, Kathleen. <i>Second-Chance Homes: Breaking the Cycle of Teen Pregnancy</i> . Washington, DC: Progressive Policy Institute, June 1995.	Interviews with maternity group home practitioners	Describes 14 different maternity group homes around the country (in appendix); presents various "self-reported, anecdotal, and short-

Studies	Data Sources and Methodology	Characteristics and Outcomes
<p>U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <i>Second Chance Homes: Providing Services for Teenage Parents and Their Children</i>. Washington, DC: ASPE, October 2000.</p>	<p>Based on other studies</p>	<p>term” outcomes reported on nine maternity group homes</p> <p>Notes outcomes reported by other studies of maternity group homes on education, employment, welfare dependency, repeat pregnancies, health, child abuse and neglect</p>
<p>Wood, Robert G., and John Burghardt. <i>Implementing Welfare Reform Requirements for Teenage Parents: Lessons for Experiences in Four States</i>. Princeton, NJ: Mathematica Policy Research, Inc., October 31, 1997.</p>	<p>Site visits</p>	<p>Describes Massachusetts’ TLP</p>