

SUPPORTING TEEN FAMILIES PROGRAM

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Background/Objectives.

Although numerous studies exist demonstrating the effectiveness of home visitation programs, there is little research on the impact of engaging the other significant adults in a teen mother's life in such an intervention. The Supporting Teen Families (STF) program, incorporating an Adult Support Person (ASP) and Father of the Baby (FOB), will advance the research relating to effective home visitation programs for teen parents by engaging independent evaluators to direct a five-year long quasi-experimental study using pre- and post-tests with program participants in three treatment groups. The hypothesis to be tested is that teen mothers who participate in a home visitation program with an adult support person AND the father of the baby (TRIOS) will report significantly better outcomes at 12-month follow-up than those who participate in the program with only one partner (DUOS) or without the involvement of these support people (SOLOS) in the following outcome areas:

- 1) strong family relationships;
- 2) learning strategies to become self-sufficient;
- 3) learning strategies to stay safe and healthy; and
- 4) responsible family planning behaviors and attitudes.

Methods.

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

Primary data sources are:

1. STF program records, particularly related to goal setting and goal achievement
2. Core Instrument Surveys developed by the Adolescent Family Life program, modified to include STF objectives:
 - Expectant Mothers Baseline (EMB) – given by STF staff during first meeting with participant who is pregnant.
 - Parenting Mothers Baseline (PMB) – given by STF staff during first meeting with participant who is parenting.

- Mothers 12-month follow-up (M12m) – given by phone by staff of UW-Milwaukee CUIR when STF participant reaches her one-year anniversary of enrolling in the program, or if a case is closed, whichever comes first.

A power analysis early on determined it was highly unlikely that the program would reach adequate statistical power for analysis of differences between a treatment and a comparison group, thus the current quasi-experimental design as outlined above was developed. In program year three, baseline survey data was analyzed using frequency distributions. Also, Chronbach's Alpha was used to test the reliability of several scales within the surveys; data from reliable scales will be analyzed using t-tests and ANOVAs at the end of the five-year study to determine whether there are statistically significant differences between the treatment conditions on all four outcomes.

Results for Year Four

Process Measures: In its first four years of operation, STF served 371 teen mothers, 131 children, 74 fathers and 119 adult support persons. 35 (9%) of these mothers had both an ASP and FOB participating (TRIOS); 123 (33%) had either an FOB or an ASP registered with them (DUOS); and the remaining 213 (57%) participated alone (SOLOS). Although there is much missing data, a preliminary analysis showed that FOB DUO moms spend an average of 18 months in the program while TRIOS spend 14.3 months, SOLOS 12.1 months and ASP DUOS spend 7.4 months in the program.

Outcome Measures: Of all participating mothers, just 48 (18.3%) completed 12-month follow-up surveys in the first four years of the program. Some preliminary data analysis, mostly descriptive, is presented below.

1. Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report *strong family relationships* at 12-month follow-up than will those participating as DUOS or SOLOS.
 - Preliminary reliability analyses using Cronbach's Alpha of scales for "nurturing behavior" (.792), "fathers' supportive behavior" (.813) and "attribution of relationship goal achievement to program" (.880) found all to be valid scales using Cronbach's Alpha for parenting mothers baseline surveys = .792; for mothers follow-up surveys = .654).
 - In follow-up surveys, 29 (65.9%) of mothers agreed that they learned about the importance of positive nurturing behaviors from the program.
 - In follow-up surveys, 19 (40.4%) of mothers agreed that the program improved their relationship with their FOB and 26 (55.3%) agreed that the program improved their relationship with their ASP.
 - In follow-up surveys, 65% of mothers said the program helped them achieve relationship goals they set for themselves.
2. Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report *learning strategies to become self-sufficient* at 12-month follow-up than will those participating as DUOS or SOLOS.
 - Preliminary reliability analyses using Cronbach's Alpha of scales for "attribution of self-sufficiency goal achievement to program" (.917) and "attribution of learning self-sufficiency strategies to program" (.750) found both to be valid scales.
 - According to follow-up surveys, of the mothers who set self-sufficiency goals, 41% achieved those goals.
 - In follow-up surveys, 30.7% of the mothers said the program helped them learn self-sufficiency strategies.

3. Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report *learning strategies to stay safe and healthy* at 12-month follow-up than will those participating as DUOS or SOLOS.
 - Preliminary reliability analyses using Cronbach's Alpha of scales for "completion of health care activities for self" (.728), "completion of health care activities for child" (.823) and "attribution of safety/health goal achievement to program" (.840) found all to be valid scales.
 - In follow-up surveys, 28 (58.3%) of mothers agreed that the program improved their access to health care
 - In follow-up surveys, 22 (50.0%) of mothers agreed that the program improved their baby's health care
 - In follow-up surveys, 34 (75.6%) of mothers agreed that the program helped them understand their child's developmental needs
 - According to follow-up surveys, of the mothers who set health-related goals, 42.5% achieved those goals
4. Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report *responsible family planning behaviors and attitudes* at 12-month follow-up than will those participating as DUOS or SOLOS.
 - In follow-up surveys, 5 (10.4%) mothers reported they were pregnant at the time of the survey (repeat pregnancy)
 - In follow-up surveys, 42 (87%) of mothers reported using effective family planning techniques or abstaining from sex

Conclusions/Discussion.

The first four years of the program focused primarily on process evaluation measures, the construction of databases, and the compilation of baseline and follow-up survey data. Refinements to the program database completed in year four allowed the first accurate analysis of length of time in program and showed significant differences between the treatment groups which may ultimately correlate with different outcomes for TRIOS vs DUOS vs SOLOS. The finding that the data contain several valid scales bodes well for further analysis of possible differences between the treatment groups. However, the extremely small number of mothers who participated as TRIOS (the "ideal" treatment condition) will limit efforts to subdivide the data further.

Implications.

1. Recruitment of FOBs and ASPS is key. The program needs to recruit significantly more FOBs and ASPs to ensure evaluators can adequately test the hypothesis.
2. Retention of participants. The program must retain participants for at least 12 months, so that adequate numbers of follow-up surveys can be administered.

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