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SECOND CHANCE HOMES: A RESOURCE FOR TEEN MOTHERS

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OVERVIEW

Unmarried teen mothers who are unable to remain at home with their parents are vulnerable on many fronts. They encounter both the demands of parenthood and the pressures of adolescence. Moreover, if they are not placed in foster care, they face the daunting challenge of finding stable housing. If teen mothers live with a partner or marry, they tend to have higher rates of repeat teen births, and these relationships often dissolve. One option for teen mothers who are homeless or lack a supportive environment is a newer version of maternity group homes, *Second Chance Homes*. These homes seek to provide a supportive place for pregnant and parenting teens, offering shelter and services for adolescent mothers and their children. These services range from helping with childrearing to encouraging and helping young mothers to chart pathways for their own educational and vocational futures.

NEGATIVE CONSEQUENCES OF TEEN MOTHERHOOD—FOR MOTHERS AND THEIR CHILDREN

Preliminary birth data for 2009 show that the birth rate for teens between the ages of 15 and 19 dropped six percent that year, falling to 39.1 births for every 1,000 teen females, a record low for the nation.¹ This decline followed increases in the teen birth rate in 2006 and 2007.¹ (See Table 5) Though the recent decline fosters optimism, those in the field of adolescent reproductive health remain vigilant, given the negative outcomes related to teen childbearing for the mothers involved and for their children. What are some of these outcomes?

Researchers have identified a host of reasons that children of teen mothers may fare worse than other children. For example:

- Teen mothers have greater family instability and lower incomes.
- They provide less cognitive stimulation and emotional support to their children within the home environment.
- Because teen childbearing is strongly correlated with reduced economic well-being, they have fewer resources to support their child.²⁻⁴
- Teen mothers are more likely to find parenting stressful and, consequently, to engage in dysfunctional childrearing practices that may lead to child neglect or maltreatment.⁵
- Children of teen mothers have been shown to have lower scores on assessments of cognitive attainment and academic proficiency at kindergarten than do children of mothers who are 20 or 21.⁶
- Children of teen mothers have lower math, reading and/or vocabulary test scores than do children of older mothers.^{2, 3, 7}

- Adolescent children of teen mothers have lower odds of completing high school than do children of older mothers.⁸
- Children born to young teen mothers have a lower rating of overall health than do children born to mothers aged 22 to 24 and 25 to 29. However, when studies controlled for mother and child characteristics, there were no significant differences in health status of children by maternal age at birth.⁹

Taken together, these findings, obviously, are cause for concern. At the same time, it is important to recognize that supports and services can help counteract the negative outcomes often associated with teen motherhood because many young mothers want to—and can be—good parents, if they have the necessary support systems.

High-risk populations

Youth living in foster care have higher rates of risky sexual behavior, including earlier sexual initiation, a greater number of sexual partners, and an earlier age of first pregnancy, compared with their peers outside the foster care system.¹⁰ The occurrence of pregnancy is high for teen women in foster care, but it may be even higher for teen women who are homeless. One national study reported that the pregnancy rate among 13- to 15-year-old homeless girls was 14 times the rate among girls in this age group who were not homeless.¹¹ Female runaways who reported being away from home for longer periods of time were more likely to report being pregnant.¹² Among those who do become pregnant, 46 percent have been estimated to become pregnant more than once.¹³ Similar to the situation of youth in foster care, homeless youth also have high rates of sexual risk-taking behaviors, including initiating intercourse earlier, having multiple sex partners, using condoms inconsistently, and having sex while intoxicated.^{11, 14} It should be noted that living in foster care or being homeless is not necessarily by itself an impetus for these risky behaviors. The majority of these teens was placed in foster care or became homeless because of abuse, neglect, or abandonment; and these risky behaviors could be associated with those experiences.

Need for a supportive, adult-supervised living arrangement

Many teen mothers are not able to remain at home with their parents, either for reasons of overcrowding in the home, abuse, neglect, or financial difficulties. Other times, teens do not remain at home because when the parent learns of the pregnancy, the teen is kicked out; or the parent forbids the teen from continuing to see her boyfriend, and the teen chooses to leave. Teen mothers or soon-to-be mothers may not have a spouse/partner, family, friends, or other resources available that enable them to meet their own basic needs or those of their child or children. Moving in with a boyfriend is not necessarily a stable or supportive environment for the mother or the child and may increase the risk of rapid repeat pregnancy.¹⁵ Moreover, teen mothers cannot apply for welfare benefits unless they are living with a parent or guardian, or in a state-approved arrangement.

Teen mothers under the age of 18 may face additional challenges because they are so young. They may experience difficulty finding a place in which to live with their child or children. For instance, homeless shelters, battered women's shelters, and transitional living programs may not accept teens who are under the age of 17; nor do these programs generally accept young children. Further, placement in foster care does not always ensure that the mother and child will remain together. A primary need is housing. Young mothers who are homeless encounter many of the same hurdles as those encountered

by young mothers in foster care, including poverty, unsafe surroundings, barriers to education, and a lack of necessary supports.¹⁶

WHAT ARE SECOND CHANCE HOMES?

Second Chance Homes, also called maternity group homes, can refer to a group house, a cluster of apartments, or a network of homes that integrate housing and services for unmarried mothers and their children when these young women cannot live at home because of abuse, neglect, or other extenuating circumstances.¹⁷ When many people think about maternity group homes, they remember large institutions from an earlier era where young women were sent to have their babies in secrecy and subsequently give them up for adoption. These large institutions, which housed 30 to 50 young women, have mostly closed down, and a variety of public and private financing streams for pregnant and parenting teens have become available. Today's maternity group homes have transitioned from housing for pregnant teens who did not intend to keep their children to a supportive places for pregnant and parenting teens who do intend to keep their children. In keeping with this change, maternity group homes today offer shelter and services for adolescent mothers, their children, and, at times, the adolescent fathers.

Population served

Young parents can be referred to Second Chance Homes through welfare agencies, homeless shelters, foster care programs, community organizations, schools, clinics, or hospitals. Teen mothers may also seek admission on their own. Eligibility criteria for Second Chance Homes vary from program to program. Whereas many homes only allow pregnant or parenting teen mothers to live in the facility, some of these homes provide services to any custodial parent, including adolescent fathers. Some programs are targeted at adolescent mothers (between the ages of 14 to 20, for example), mothers receiving welfare assistance, or homeless families. Other programs are open to any mother in need of a place to live—regardless of age, income, or the assistance program for which she qualifies. Although it is evident that these homes serve a great need, it is important to note that the demand exceeds the supply, and many homes have waiting lists each month.

Program components

Second Chance Home programs vary across the country. Features of the programs may include pregnancy prevention services or referrals; a requirement to finish high school or obtain a GED; access to support services, such as child care, health care, transportation, counseling, parenting and life skills classes; education; job training; employment services; community involvement; individual case management; mentoring; and services to ensure a smooth transition to independent living.

Much of the variation in available services is tied to the length of the housing stay. Some homes are set up for shorter-term stays and only address teen mothers' needs during pregnancy and preparing them for the transition after delivery. Homes with longer stays may offer classes in child development, family budgeting, health and nutrition, and other skills to promote the young family's long-term economic independence and the well-being of the children. In some instances, Second Chance Homes also involve the fathers of the children to provide assistance with parenting and provide fathers with access to services that they may need to become good parents, acquire skills, or gain employment.¹⁷

Funding sources

Funding is a critical issue for Second Chance Homes and affects operations, staffing, and the services provided. Money for the programs typically comes from federal, state, and private sources, as well as from contributions from residents. Federal and state funding is used to cover operating expenses and is usually the main funding source for maternity group homes. Federal funding is awarded primarily through the U.S. Department of Health and Human Services (HHS). For example, the Transitional Living Program has funding specifically set aside for maternity group homes. In addition, the Administration for Children and Families within HHS provides funding to maternity group homes through Temporary Assistance for Needy Families (TANF), the Social Services Block Grant, and foster care funds.¹⁸ This latter funding can be in the form of federal child welfare funds—funding that is received as set monthly payments from the local child welfare agency to provide housing and services to pregnant and parenting teens in the foster care system. Federal TANF funds can be used to cover other residents and to provide additional services to all residents that are not covered by child welfare funds. HHS’s Centers for Medicare and Medicaid Services also provide Medicaid funds that cover independent living programs or maternity group homes and pay for the counseling, case management, medical treatment, and other professional services residents receive at the home.

Another federal funding source is the U.S. Department of Housing and Urban Development (HUD). Some homes rely on HUD grants through the federal Supportive Housing Program, Community Development Block Grants, or the Emergency Shelter Grants Program.¹⁸ In order to be eligible for HUD funds, the residents must meet the HUD criteria for homelessness.

Some Second Chance Homes receive funding from state, county, or city government agencies, as well. This money could flow through their departments of housing, social services, welfare, and corrections. Some agencies use state funds to cover food and housing expenses when the federal or agency contract has a welfare program to provide residential services to young mothers and their babies.

In addition, private charities, foundations, organizations, and individuals frequently make donations to cover overall program expenses or a specific program activity. These donations contribute substantially less to the program’s budget but may support crucial program services. Also, many maternity group homes benefit from local businesses, churches, and individuals who contribute new or used baby items and furniture or provide volunteers to serve as mentors or to help with repairs to the building.

Finally, most programs require that residents make a monthly payment to the home. Teen mothers are eligible to receive cash assistance through TANF because living in a maternity group home meets the condition of an adult-supervised setting. Residents typically contribute 25 to 33 percent of their income—usually amounting to \$100-\$150 from their TANF checks—to the program each month.¹⁸ Some programs put this money into an account for the young mother so she has money to get herself set up when she leaves the home. These payments do not bring in a lot of funds for the program, but they are seen as a way to teach residents’ budgeting skills and prepare them for independent living and paying rent. Residents may also be asked to contribute their food stamp benefits to help stock the group home kitchen.

IMPLEMENTATION LESSONS LEARNED

Mothers eligible for Second Chance Homes usually need multiple services. Unmarried pregnant teens who cannot live with their parents may have experienced or witnessed violence or physical or sexual abuse in the home; or they may be living in unsafe conditions. Beyond the immediate needs for a safe

and stable place to live and for help in caring for her baby and meeting the baby's nutritional needs, these teens require individual attention from trained staff to meet their emotional and psychological needs. Therefore, when these teens live in Second Chance Homes, staff try to meet the specialized needs of each teen but sometimes encounter challenges to service delivery.

Tailoring the services offered. As noted, teens living in Second Chance Homes may have varying types of needs—from obtaining stable housing to dealing with psychological issues related to backgrounds of abuse, violence, or long-term poverty. Even though facilities may not be equipped to meet the specific needs of each teen mother, homes should offer a range of services that can be flexible and comprehensive. Indeed, the ability to tailor services to individuals is essential to meeting the needs of teen mothers and their babies and maximizing resources in the program. Although not all teen mothers need the exact same package of services,¹⁹ considerable agreement exists that teens should learn parenting skills, earn educational credentials and develop skills to enter the workforce.

Navigating a balance between structure and autonomy. Programs vary in the intensity of supervision and the house rules under which residents must live. Some program operators believe that the only way to help young mothers and enforce behavioral change is to provide teens with adult supervision and highly structured environments.²⁰ Homes based on this belief often enforce behavior and curfew rules in a way that mirrors many parents' expectations for their own teens. The program tries to create a "home" environment for both the young mother and her child or children. Some mothers choose not to remain in a Second Chance Home because of strict house rules, which typically include restrictions on the comings and goings of residents and visitors; mandatory activities and schedules; and prohibitions on behaviors such as fighting, being disrespectful to staff, engaging in sexual activity on the premises, and using alcohol, drugs, or tobacco.¹⁸ Other mothers are relieved to be in a safe environment and are willing to sacrifice personal freedoms for the safety and support provided.

Appropriate supervision and regulations can be balanced with an environment that is empowering to teen mothers and provides more autonomy and flexibility as they progress through the program. For example, in one Second Chance Home in Rhode Island, teens begin by living in a highly structured group home with 24-hour supervision. Intense supervision is characterized by staff that is awake and on duty around the clock; building curfews and a set bedtime; strict limits on visitors; and rules specifying that residents can leave the facility only if they are accompanied by a staff member. As teen mothers make progress in school and improve their parenting skills, they move into a shared apartment situation with 16-hour supervision, in which staff is not required to be awake at night. In the last stage of the program, as teens prepare for independent living, they move into individual apartments and a case manager provides guidance and supervision for eight hours each day.²¹

Collaborating with partners to provide comprehensive services. Even though a single organization may not be able to address all of pregnant and parenting teens' needs, collaborations and partnerships provide opportunities to leverage capacity and meet those needs. Child Trends and Healthy Teen Network conducted a mixed-methods study to identify the core components of supportive housing for pregnant and parenting teens.²² The research found that the following components were necessary for teen mothers to make a successful transition to independent living. Through partnerships, Second Chance Homes can provide supports and resources to promote:

- **Housing Stability:** Facilitate attainment of affordable housing in a safe neighborhood, and continued housing stability and independent living upon completion of the program.
- **Self-Sufficiency:** Help young women to develop basic self-sufficiency skills, so that they will be able to make the transition to independent living, accessing resources and services as needed without the assistance of a case manager.
- **Financial Stability:** Help youth to work toward financial stability by facilitating educational attainment and employment at a livable wage, as well as financial literacy.
- **Successful and Engaged Parenting and Attachment:** Facilitate successful and engaged parenting skills, fostering attachment between the parent or parents and the child.
- **Healthy Relationships:** Cultivate a sense of self-worth and reinforce the right to healthy relationships with partners, peers, family, and the community, as well as teach skills to resolve conflict, solve problems, and negotiate.

NEED FOR EVALUATION

Studies of Second Chance Homes to date have been mostly descriptive—identifying the number of mothers and children served, highlighting the needs of young mothers, and describing service delivery methods. A few studies have also provided some encouraging descriptive outcome data, though results from these studies come with several caveats. First, results were based on what participants said about their experiences with Second Chance Homes and this information was not validated independently for accuracy. Second, the findings were based on reports from a very small number of mothers. Often group homes do not serve large numbers of mothers, so it should be kept in mind that these outcomes are the result of only a few—and possibly a selective few—cases, and may not apply to the larger population of participants in these programs. Finally, the results were based only on the outcomes of those mothers still in the programs or able to be tracked after their participation. Therefore, nothing is known about the outcomes of those mothers who left the program early or could not be found for follow-up.

These limitations support the need for more rigorous evaluations. Randomized control trials are considered the gold standard of research and have a long tradition in research on drugs and biomedical treatments.²³ In this type of research, participants are randomly assigned either to a treatment group, which has the opportunity to receive program services, or to a control group, which does not—and outcomes for the two groups are then compared. A randomized control trial allows conclusions to be drawn about cause and effect because it generally assures that the treatment and control groups are equivalent at the time the study was undertaken (the baseline). This assurance means that there are no preexisting differences between the participants in each group that may bias the findings.

Several issues underscore the challenges to conducting a randomized control study for Second Chance Homes. The first issue is program size and capacity. Since many homes only serve six-to-eight mother-child pairs at one time, impact evaluations are constrained by the small sample size. Second, people might resist the idea of denying services to a control group, essentially not providing the control group mothers in the study with needed housing. (This can be mitigated if demand for housing exceeds supply, which it often does, as noted). Third, it is difficult to track participants who have left the program, either early or after completion, to assess long-term outcomes for both mother and baby. Finally, although it is clear how to measure certain outcomes (attaining a diploma, subsequent pregnancies, etc.), it requires

more resources to measure less quantifiable and sometimes longer-term outcomes, such as child development, parenting skills, or increased self-sufficiency.

These are not simple or inexpensive obstacles to overcome. To conduct rigorous evaluations, funding would need to be increased dramatically. For example, a portion of all program funds could be devoted to implementation and outcome evaluations. Some research has found that placing adolescents with deviant behaviors alongside peers with deviant behaviors can reduce the intended benefits of interventions and lead to less positive outcomes, especially under conditions of poor supervision and lack of structure.²⁴ In light of this troubling finding, it is critical that highly supervised and well-structured Second Chance Homes be rigorously evaluated.

CONCLUSION

Second Chance Homes provide a range of services and referrals to pregnant and parenting teens who are homeless or lack a supportive home. Ongoing performance management and rigorous implementation evaluations can lead to improvements in services offered, staff quality, and resident satisfaction, and they can maximize the capacity of each Second Chance Home to serve those youth most likely to benefit. Evaluation results can begin to build the evidence base for the effective practices and programs that work in Second Chance Homes.

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