Self-Sufficiency Programs and Parenting Interventions: Lessons from New Chance and the Teenage Parent Demonstration

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Summary

Devolution has given states discretion over how they design welfare programs, and states have responded by providing a variety of supplemental supports to poor single mothers. One intervention that states may consider providing is a parenting program or classes. Two self-sufficiency programs that were implemented in the late 1980s and early 1990s—The New Chance and Teenage Parent Demonstration experiments—provide some insights about the potential efficacy of parenting interventions within broader self-sufficiency programs.

New Chance and the Teenage Parent Demonstration had few positive effects on the parenting skills and behaviors of teen mothers; in fact, in some cases parenting was negatively affected. A review of the literature indicates that the following ingredients are essential to successful parenting programs:

- Parent education through frequent home visits or “hands on” sessions in another location.
- Interventions that begin before or soon after birth.
- Interventions that last at least 1 year.

Since neither New Chance nor the Teenage Parent Demonstration met these conditions, it is not surprising that these programs had no direct beneficial effects on parenting.

The findings from New Chance and the Teenage Parent Demonstration have important implications for the design of parenting interventions within welfare-to-work programs:

- Welfare reform provides opportunities to identify and provide necessary services to parents in high-risk families, but interventions aimed at improving parenting outcomes for teenage mothers must be much more intensive than those implemented in the New Chance and the Teenage Parent Demonstration programs. The key ingredients of successful programs should be considered required minimums for interventions designed to improve parenting skills and behaviors.
- Attrition or non-participation by clients is a widespread implementation problem that parenting and other programs need to better address. Much more needs to be learned about how to engage disadvantaged families (besides sanctions) if such programs are to meet with success.
- While the effects of self-sufficiency programs may take longer than three to four years to become apparent, parenting outcomes along the way should be monitored closely, since three to four years can make a tremendous difference in a child’s life.
This is the first SPR on welfare to work programs and their potential influence on parenting and child well-being. We plan to publish a series of reports on this topic, as the results from innovative state demonstration programs become available. The first report of the series, written by Nancy Reichman and Sara McLanahan, reviews two demonstration programs conducted in the late 1980s and early 1990s that were in a sense, prototypes for the programs of the late 1990s. The Teenage Parent Demonstration (TPD), which was conducted in three cities and run by Mathematica Policy Research, required ALL teenage mothers enrolled in the welfare system to be assigned to one of two groups—the first received case management as well as sanctions (welfare check reduced) if they did not participate in the self-sufficiency activities as mandated and the second received the regular services (including the self-sufficiency requirement but with no sanction). The TPD was innovative in its use of sanctions (which were included as part of the Personal Responsibility and Work Reconciliation Act of 1996 for the entire nation). And, unlike the current welfare system, the TPD offered case management and parenting classes to help mothers move towards employment. The New Chance Demonstration (NC), which was conducted in 10 states and run by Manpower Demonstration Research Corporation, also targeted young mothers, but was not tied to the welfare system (i.e., all mothers in the welfare system were not required to participate). The services included more than education and training (as would be offered through the welfare system)—mothers could receive child care, parenting classes, and classes on health, decision-making skills and family planning.

These two welfare to work demonstrations were the first to measure parenting practices using observation and videotaped mother-child interactions. Innovative collaborations were forged between the two survey firms and developmental psychologists from Columbia, Harvard and Minnesota. Brief reports from these collaborations are presented here, one by Marty Zaslow and her colleagues and one by Ellen Kisker, Anu Rangarajan, and Kimberly Boller. In addition, I have included a brief essay on the findings from the early childhood education literature that are relevant to the services offered in TPD and NC. Lonnie Sherrod and I believe that the lessons learned from the early education demonstrations need to be applied to welfare-to-work programs if we expect the latter to support parenting and child development.
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Introduction

Work requirements and time limits for welfare recipients, which are being implemented on a large scale as a result of the 1996 Personal Responsibility and Work Opportunity Act, will no doubt have repercussions for poor mothers and their children. For example, requiring poor, uneducated, single mothers to enter the workforce may increase maternal stress, depression, guilt, and anxiety, and result in more irritable, less organized, less consistent, less warm, or more demanding parenting (Wilson, Ellwood, & Brooks-Gunn, 1995). Such parenting has been associated with adverse cognitive and behavioral child outcomes (Aber, Brooks-Gunn, & Maynard, 1995). On the other hand, for some poor mothers, employment outside the home can have positive effects that may translate into improved parenting (Gyamfi, Brooks-Gunn, & Jackson, in press). Greater self-sufficiency may raise a mother’s self-esteem or provide more structure, causing her to engage in positive parenting behaviors. Ultimately, the outcome for individual families will depend on complex interactions of factors, such as the ways in which government interventions are implemented, the strength of the economy, and mothers’ own characteristics. That is, some families will benefit while others will not (Duncan & Brooks-Gunn, 1998, 2000).

Devolution has given states discretion over how they design welfare programs, and many states have responded by providing a variety of supplemental supports to poor single mothers, such as childcare, health care, and wage subsidies. States also may consider providing interventions such as parenting programs or classes. Given the increase in maternal stress that may go along with greater labor force participation of poor single mothers, and given that some parenting programs have been shown to enhance parenting and improve child outcomes (Olds & Kitzman, 1993; Gomby, Culcross, & Behrman, 1999; Brooks-Gunn, Berlin, & Fuligni, 2000), providing such programs for mothers making the transition from welfare to work would appear to be a good idea.

None of the programs currently being evaluated as part of the National Evaluation of Welfare-to-Work Strategies (NEWWS), formerly the Job Opportunities and Basic Skills Training (JOBS) program evaluation, contains a component that is designed to improve parenting skills and behaviors directly, and thus the NEWWS evaluations will not shed any light on the efficacy of such interventions. However, two programs that were implemented in the late 1980s and early 1990s—the New Chance and Teenage Parent Demonstration experiments—do provide some insights into this issue. While these two programs, like most welfare-to-work programs, were designed primarily to increase young mothers’ employment and earnings and to reduce their dependence on welfare, they also contained direct interventions designed to improve parenting skills and behaviors. (For a broad overview of the impacts of these two programs on employment, earnings, education, fertility, child wellbeing, and other measures, see Granger & Cytron, 1999.)

This report examines the effects of the New Chance and Teenage Parent Demonstration programs on parenting outcomes, and discusses the implications of these findings for the design of self-sufficiency programs today. These two programs are of particular interest because they targeted teenage mothers (who comprise only about 8% of the welfare caseload, but historically have been the group with the longest-term welfare dependence), included explicit parenting interventions, measured parenting outcomes, and used randomized experimental designs to facilitate evaluation. The following section discusses the programs in brief and describes the parenting interventions and outcomes associated with each. The next section places the results from New Chance and the Teenage Parent Demonstration in the context of the larger literature on experiments designed to improve parenting. The last section highlights the implications of this analysis for states considering the addition of a parenting component to their welfare-to-work programs.

New Chance

New Chance was a national program that provided comprehensive services to families headed by young women who had become mothers as teenagers, had dropped out of high school, and were receiving Aid to Families with Dependent Children (AFDC). The program operated at 16 sites in 10 states from 1989 to 1995 and served mothers age 16-22 at intake. This multifaceted intervention, which was designed to address the multiple needs of a very high-risk group, provided education and training, free childcare that was both reliable and convenient, access to health care, health and family planning classes, parenting workshops, and courses teaching communication and decision-making skills.

Participants, who signed up voluntarily, were assigned randomly to either an experimental group receiving the extra services in addition to their AFDC benefits, or to a control group, which continued to receive AFDC as before.
research report to measure the degree of stress or discomfort the mother experiences in her role as a parent, particularly vis-à-vis the focal child. This instrument included subscales measuring the mother’s attitude toward both the child and her role as a parent. (See Quint et al., 1997 for more details about these parenting measures.)

The overall evaluation of New Chance indicated that the program increased mothers’ stress and aggravation with their children and had little, if any, favorable impact on parenting at 42 months. In particular, women who had high symptom scores for depression at the beginning of the program showed significant increases in maternal stress levels. Women with low depression symptom scores at baseline, however, showed little, if any, impact on their levels of stress—in these cases, the program even appeared to improve the home environment. These findings have implications for the screening and targeting of self-sufficiency programs aimed at teenage mothers in that mothers with high depression symptom scores may need different types of interventions than mothers with lower scores (Klebanov, Brooks-Gunn, & McCormick, in press).

The Teenage Parent Demonstration

The Teenage Parent Demonstration (TPD) operated from mid-1987 to mid-1991 and consisted of two different programs—Project Advance, which operated on Chicago’s South Side, and Teen Progress, which operated at two sites in New Jersey (Newark and Camden). These programs were aimed at teenage mothers giving birth and receiving AFDC for the first time. Approximately 90 percent of almost 6,000 eligible mothers were enrolled in the demonstration and were assigned randomly into either a regular-services group that continued to receive routine AFDC services, or an enhanced-services group that was required to participate in educational or employment-related activities while receiving case management services, assistance with both childcare and transportation, and other services in addition to their AFDC grants. The U.S. Department of Health and Human Services awarded funds to public welfare agencies in Illinois and New Jersey to design and implement these demonstration programs, and then contracted with Mathematica Policy Research, Inc. to conduct a series of evaluations. (For more information about the Teenage Parent Demonstration and its evaluation, see Kisker, Rangarajan, & Boller, 1998.) The mothers in the experimental group who did not comply with program rules were penalized by having their AFDC grants reduced. The vast majority of the participants were between 17 and 19 years old at intake. Over 1/3 of the mothers were sanctioned at some point for failing to adhere to program requirements. The sanctions consisted of reductions in monthly AFDC grants by the amount that covered the mother herself (ap-

While the Teenage Parent Demonstration programs in Chicago, Illinois and Newark and Camden, New Jersey were operating, they increased significantly the school attendance, job training, employment, and childcare use of teenage parents going on welfare for the first time with their first child (Maynard, Nicholson, and Rangarajan, 1993). To learn whether these promising early impacts were sustained, the U.S. Department of Health and Human Services contracted with Mathematica Policy Research, Inc. to conduct a longer-term follow-up of the parents and children (three to four years after the programs ended).

Approximately six and a half years after program intake (when most of the children were between 6 and 8 years old), demonstration sample members completed a parent interview and if eligible, participated in an in-home assessment of their child’s development. Approximately 85 percent of sample members completed the parent interview. Of the 2,680 families eligible for the child assessment, 2,096 (78 percent) completed both the interview and the assessment. Consistent with the experimental design of the evaluation, about half of the long-term follow-up sample members were in the enhanced-services group (they were eligible for the demonstration case management services and parenting seminars and were subject to grant reductions if they received Aid to Families with Dependent Children (AFDC) and were not in school, training, or working). Half of the sample members were in the regular-services group (they were subject to the usual AFDC program requirements).

The parent interview included parent-report measures of the child’s health, progress in school, and social and emotional wellbeing, as well as measures of the home and neighborhood environments, and maternal wellbeing. Parents were also asked about their education, employment, welfare receipt, and childcare use. The child assessments included standardized tests of vocabulary, reading, and math and the child’s report of how he/she was doing in school. Key findings include:

- **The early impacts on employment-related activities and welfare receipt were not sustained once the demonstration programs ended and participants returned to the old program rules.** The demonstration programs’ early impacts began to dissipate at about the same time the sanctions and support services ended for those in the enhanced-services group. Over time, the regular-services group members caught up with the enhanced-services group members.

- **When they were in elementary school, the first-born children of the teenage mothers performed poorly, compared with children nationally, on several measures of development and wellbeing.** The children in the sample received substantially lower scores than children nationally on a test of receptive vocabulary and scored higher on a measure of behavior problems.

- **Requiring teenage mothers to participate in educational and employment-related activities, and increasing their use of childcare when their children were very young, had neither harmful nor beneficial effects on their children’s long-term development.** There were no significant differences between the regular- and enhanced-services groups in children’s cognitive and social-emotional wellbeing and physical health when the children were in early elementary school, except in Newark, where some small differences in outcomes were statistically significant but in developmental terms, not very meaningful.

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proximately $160) until she complied with the program requirements.

As part of the program, young mothers were required to attend workshops designed to improve their personal skills and help them manage their roles as parents. The content of the parenting workshops varied somewhat by site. The workshops in Chicago included discussions about good parenting and presented information on the stages of child development, health and nutrition, and child support. The workshops in Newark covered issues related to child development, parenting and coping techniques, community resources for parents, and the relationship between the mother and her parents and/or the child’s father. In Camden, the workshops involved discussions of problems often encountered by parents as well as potential solutions to these problems, and covered topics such as child and adult development, stress management, health and nutrition practices, and child support. Other than these workshops, the programs did not intervene to improve parenting skills and practices.

The quantity of services varied tremendously by site. Mothers in Chicago spent an average of 1 ½ hours—total—attending parenting workshops, whereas mothers in Newark spent an average of 20 hours in such workshops and those in Camden were referred selectively, at the discretion of program personnel, into workshops providing 21 hours of services.

Several instruments were used to assess the quality of the home environment, the quantity and quality of hands-on activities of the mother with her oldest child, and the regulation of the oldest child’s television viewing. The Family Environment Scale measures maternal perceptions of family solidarity and attachment. The Verbal Aggression and Violence Subscales of the Conflict Tactics Scale reflect maternal reports of the frequency of violent or verbally aggressive incidents. Maternal reports on the extent to which mother and child practiced academic skills together and played organized games together, as well as how much mothers read aloud to their children, were involved in school or religious activities, and served as role models by reading books or newspapers in front of their children, were used to assess both the quality of mother-child interaction and the degree of exposure to maternally-induced cognitively stimulating activities. Maternal reports of the number of hours the television was on in the home and the number of hours the oldest child watched television per day were also collected to assess the degree of maternal regulation of the child’s access to television (see Kisker et al., 1998 for more details about the parenting measures).

The long-term evaluation after 78 months (Kisker et al., 1998) indicates that the program had very little effect on parenting outcomes. It did have some negative effects on the home environment, particularly in Newark, but had almost no effects on parenting activities per se. There were no clear patterns by site, even though services in the three sites varied a great deal.

Putting the Two Experiments in Context

Are the disappointing results on parenting of these two experiments consistent with what the literature would predict, or are they aberrations? To answer this question, we first examine the existing literature on parenting interventions; then, we compare the interventions and results of New Chance and the Teenage Parent Demonstration to those of other, more successful parenting programs.

We reviewed the literature on parenting-intervention programs that targeted parents of children age 0-3, had explicit parenting interventions, measured parenting outcomes, and used randomized experimental designs to facilitate evaluation. The focus on parents of very young children is based on recent findings about the importance of early childhood experiences for later development. According to Brooks-Gunn, Duncan, and Maritato (1997): “Humans’ first three years comprise a longer period of immaturity and dependence than is experienced by any other species. At the same time, this period is characterized by rapid and dramatic physical and mental developments. These developments, in turn, are increasingly being viewed as the building blocks of adult cognitive and emotional functioning” (p.1). The importance of developing good parenting skills may be even more pronounced when the parents are teenagers (Brooks-Gunn & Chase-Lansdale, 1995; Coley & Chase-Lansdale, 1998). For an overview of parenting programs that target teenage parents, a review by Olds and Kitzman (1993) of experimental studies evaluating the effectiveness of home-visiting programs is particularly useful (see also Gomby et al., 1999). Other resources addressing the effectiveness of parenting programs include St. Pierre and Layzer (1999), Yoshikawa (1995), Benasich, Brooks-Gunn, and Clewell (1992), Brooks-Gunn et al. (1997), Duggan et al. (1999), Kitzman et al. (1997), Karoly et al. (1998), Luster, Perlstadt, McKinney, Sims, and Juang (1996), Olds et al. (1997), Olds et al. (1999), and Brooks-Gunn et al. (2000).

Several themes emerge from this literature. Most successful parenting programs, defined as those with net favorable findings on the outcomes they were designed to improve, targeted low-income mothers, a group at high risk for both poor parenting and adverse child outcomes. Many of the programs targeted teen mothers directly, or did so indirectly by targeting first-time and/or low income and minority mothers. Most provided “hands-on” parenting education (often through home visits) and some reported favorable gains in mother/infant interaction, as well as enhanced parental cognitive stimulation. The literature also indicates that most
The New Chance Observation Study was embedded within the experimental evaluation of the New Chance program, which included 2,322 families in 16 sites. The Observational Study was conducted by Child Trends and MDRC in collaboration with colleagues at the University of Minnesota, Harvard Graduate School of Education, and Mathematica Policy Research (see Zaslow & Eldred, 1998). Each participating family had a child between 30 and 60 months of age; 290 children from 7 sites were included, 184 from the New Chance program group and 106 from the control group. The families in the Observational Study had an extra home visit about 21 months after random assignment. Child outcome measures were collected about 42 months after random assignment (the time at which all 2,322 families were assessed).

The study combined four types of parenting measures: (1) direct observations of mother-child interactions in the context of a series of teaching tasks (providing a view of the way in which the mother provided guidance and support in a challenging situation and the way in which the child responded in this context); (2) measure of the structuring of the home environment (the HOME-Short Form), for a view of the structuring of the home environment and of interactions over a longer period of time and in the course of everyday events; (3) mothers’ subjective reactions to parenting (e.g. aggravation and stress in the parenting role); and (4) time use on a recent weekday.

Key findings from the New Chance Observational Study may be summarized as follows:

- **On average, mothers in the New Chance Observational Study sample were at particularly high risk in terms of parenting behavior.**
- **At the same time, despite their similar economic circumstances, the mothers in the New Chance Observational Study showed variation in their parenting behaviors:** and this variation was meaningfully related to background characteristics. Thus, there is heterogeneity in parenting behavior within a sample that has limited variation in terms of economic status.
- **The New Chance Program was able to bring about positive changes in parenting behavior, although the magnitude of the impacts was generally modest.** Even in a sample of families burdened by economic stress and other serious difficulties, positive program impacts were found both in terms of the emotional quality of interaction and in terms of cognitive stimulation provided by the mother. Effect sizes ranged from .23 to .50.
- **Positive program impacts were found across parenting measures obtained in several different ways and from different informants.** In the teaching tasks, mothers in the program group were observed to engage in fewer harsh interactions with their children and they received a higher rating on the measure of Book Reading Quality. On the measures of the home environment, families in the program group received higher total scores on the HOME-Short Form, and higher scores specifically on the measure of Emotional Support in the home environment. In terms of subjective reactions to parenting, mothers in the program group perceived greater warmth in the relationship with their children. Finally, mothers in the program group reported spending more time in parenting tasks based on time use on a recent weekday.
- **The modest improvements in parenting behavior did not suffice to bring about positive program impacts on child outcomes.** Indeed, there were unexpected unfavorable program impacts on child outcome measures, especially in terms of the children’s social behavior.

The findings of this study suggest that it may be necessary not only to address parent-child relations, but also the context of parenting (such as mothers’ psychological wellbeing and residential stability), in order to bring about positive changes in the development of children in families of young mothers in poverty. A more intensive or sustained parenting education program may also be needed in order to bring about positive impacts on children in this particularly high risk group.

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parenting interventions have uneven impacts across subgroups and sites, but as yet there are no clear patterns revealing the subgroups and locations most likely to benefit.

Overall, it appears that the most successful parenting interventions involve parent education through frequent home visits (at least one every two weeks) or, at a minimum, “hands-on” parent education beginning before or immediately after birth and lasting six months or more. Since neither New Chance nor the Teenage Parent Demonstration included such interventions, it is not surprising that these programs had no direct beneficial effects on parenting.

The New Chance program was designed to include classes in parenting and life skills, each for 2 hours per week. In fact, however, approximately one third of mothers in the experimental group never attended any New Chance parenting classes (Zaslow, 1998), and the actual services received by the other two thirds fell far short of even the modest goal of four hours per week. One of the reasons for this was the high rate of attrition: while the program was designed to run for 18 months, participants, on average, remained in it for only 6.4 months. By nine months, 56% had left (Gomby et al., 1999). Moreover, there was high absenteeism among participants, many of whom reported that they did not need parenting classes. Such difficulty in gaining the cooperation of high-risk mothers is a common implementation problem that plagues many programs, including home visiting interventions (Gomby et al., 1999).

The delivery of these workshops varied considerably by site. In some cases, parenting education was delivered through the site’s childcare component; in others, workshops were conducted at another location. The site profiles contained in the report on New Chance (Quint et al., 1997) do not uniformly report the type of delivery system or the intensity of the interventions at the different locations. Nevertheless, it appears that the sites that had especially high rates of absenteeism and attrition also had negative parenting effects.

Thus, in contrast to most successful programs that focus on parenting exclusively, New Chance had parenting interventions that appeared to be too low in intensity, too short-term, and not conducted in the best setting to sustain improved parenting practices through the 42-month follow-up. Additionally, although their average age at baseline was 18 months, many of the children in New Chance were beyond the 0-3 age range at the beginning of the program. Finally, the common problem of retaining high-risk mothers always makes it difficult to detect possible treatment effects.

While it seems that the home is the most effective setting for parenting interventions, it is possible that delivery of interventions through the childcare component rather than as a separate service outside of the home might have resulted in better parenting outcomes in the New Chance program: like the home, the childcare setting may foster parent/child interaction more effectively than a classroom setting where the child is absent. If nothing else, the attendance and attrition problems might have been lessened. While these factors are difficult to evaluate retrospectively since they were not part of the experimental design, further analysis of this issue within New Chance could shed some light on the relationship between delivery modes and the outcomes associated with parenting interventions.

The parenting interventions of the Teenage Parent Demonstration varied considerably across its three sites. Mothers in Chicago attended workshops for an average of only 1½ hours total, while mothers at the other sites received approximately 20 hours of such services. These workshops were generally led by different people for different topics. The sessions were neither home-based nor integrated with childcare. Again, based on the literature describing more successful parenting experiments, the TPD parenting interventions were too brief, too unfocused, and of insufficient intensity to expect favorable direct effects on parenting. The results, therefore, were largely unsurprising. Moreover, the program as a whole produced some modest negative effects on parenting outcomes in Newark, where children in the experimental group ended up with slightly lower-quality home environments and had mothers who were somewhat less responsive to their needs and less accepting than those in the control group.

It is not surprising that New Chance and the Teenage Parent Demonstration had little if any positive effect on parenting outcomes, since parenting was not the main focus and they contained very few of the ingredients that make for successful interventions in this area. Both programs had positive effects on GED completion, but there was no evidence that this positive education effect improved parenting. The programs had little if any effect on earnings, marriage and cohabitation (except for the Teenage Parent Demonstration site in Newark, where the experimental group had significantly lower rates of marriage and cohabitation than the control group), and no effects on fertility and unemployment, so it is unlikely that any of these factors affected parenting outcomes.

The New Chance mothers did experience greater residential instability, and their children spent more time in day care centers at early ages than their control group counterparts; these factors may have played roles in the disappointing parenting outcomes. New Chance mothers also experienced higher levels of parenting stress than the control group mothers, and they tended to report on their children’s behavior more negatively than the children’s teachers did. Taken together, these findings present a picture of young mothers who faced a high level of stress in order to make an investment in their future (getting a GED
The two demonstrations highlighted in this Social Policy Report offered services to poor young mothers that went beyond the typical welfare-to-work job, education, and skill training. The program developers knew that young mothers need help to juggle parenting and work. Classes were provided to enhance knowledge about children’s health and development; and childcare was available at some of the NC sites. Additionally, referrals for childcare were made (although little information exists as to how often such advice was given and whether mothers used it). Given these efforts, why were so few effects of TPD and NC seen on parenting or child well being? Are the lessons from early childhood education relevant, given recent findings especially from programs serving children in the first three years of life? I believe they are, for the following reasons.

Early childhood programs focused on enhancing parenting behavior have been successful in some but not all cases. In general, virtually no positive effects have been seen from the provision of parenting classes, in the absence of other program components. Yet, home visiting programs have increased responsive parenting and decreased harsh parenting when the following conditions are met — visits are made at least two or three times a month; visits last for over a year (ideally, for several years); the home visitors have extensive training; the home visitors have a low turn-over rate (so that families are not trying to acclimate to a new visitor); and the program has clearly specified goals. Finally, center-based care programs have influenced parenting practices. However, it is not clear whether these would occur in the absence of frequent interaction with program staff (i.e. would a center-based program influence parenting if interaction with staff did not occur daily during drop-off and pick-up, or if home visits were not part of the overall program package?).

Early childhood programs that have concentrated on child outcomes have been beneficial, but not under all conditions. Again, programs that provide services in terms of parenting classes or drop-in centers for childcare have not enhanced child well being. Most home visiting programs have not altered children’s trajectories either (especially in the short-term). In contrast, high quality early education programs do influence children, with short-term effects often being large (one-half to a full standard deviation). These effects are found when children attend the center daily for several years.

Most of the early childhood settings shown to be effective involve frequent, sustained, continuous contact with highly trained staff. These conditions were not part of the two welfare-to-work demonstration’s packages of program components. I do not mean to criticize these programs; (Indeed, I have been involved in one of them.) Instead, it seems that we might be asking too much of programs whose primary goal is moving mothers into the work force rather than providing mothers with parenting and childcare services. The cost of providing the latter type of services is considerable, and early childhood services will not be effective unless attention is paid to quality of services, training of providers, intensity of services, and the relationship between provider and parent.

The Teenage Parent Demonstration’s negative effects on parenting were concentrated in Newark. In contrast to New Chance, however, the “Newark effects” do not appear to be linked to the children’s age, childcare, or maternal stress. The program covered children well within the 0-3 age range. While program participation led mothers in Camden to place their oldest children in childcare at significantly younger ages than they would have otherwise, in Newark there were very few program effects on childcare. In fact, mothers in the Newark enhanced-services group were significantly less likely than the control mothers to have used any childcare during the past year, and used fewer hours of childcare per week. In Chicago, no effects on childcare were noted. Other factors that might have contributed to the poorer parenting outcomes in Newark seem not to have played any role: the Newark mothers who received enhanced services were significantly less likely at follow-up than mothers receiving regular services to be at risk for depression, and they re-
ported a significantly lower number of difficult life experiences and were less likely to report work or activity limitations due to physical problems.

Newark, however, was the only site in either of the programs in which program participation was associated with decreased rates of marriage and cohabitation. Thus, theories stressing the importance of the mother-father relationship as a major factor determining the mother-child relationship (Cox & Paley, 1997; Cox & Brooks-Gunn, 1999) may prove significant in explaining the negative parenting outcomes in Newark. To understand these effects, however, more information is needed on both program content and implementation there. Was Newark more difficult than the other two sites, or did it differ from them in other important ways?

We already have seen that given the broader context, it is not surprising that New Chance and the TPD had weak effects on parenting at best. It is important to note, however, that only program benefits, and not costs, have been considered here. A practical yet critical question that cannot be tested from these evaluations is whether or not the services provided by programs are cost-efficient. It is possible that programs that have very low expenditures and very low returns on parenting interventions, are in fact more cost-efficient than some of the larger-scale programs requiring more intensive interventions and thus higher costs, but producing only modest returns. It is clear, however, that programs resulting in negative or no returns cannot be considered cost-efficient relative to other interventions, or to no intervention at all. A related and important philosophical issue that policy makers are bound to confront is how to proceed when a program is cost-efficient in terms of mothers’ employment, earnings, and welfare receipt, but detrimental in terms of parenting and/or child outcomes.

Finally, it is important to note that the information on parenting in the New Chance and Teenage Parent Demonstration data is based almost entirely on the mothers’ self-reports concerning stress and the home environment. Generally, early childhood intervention evaluations report greater treatment effects on parenting when mother-child interaction is observed by a third party—or even coded via video tape, as is often the case—than when interview or questionnaire data are used (Brooks-Gunn et al., 2000, Benasich et al., 1992, Berlin, Brooks-Gunn, Spiker, & Zaslow, 1995). Thus, it is important to keep in mind that the method of measuring outcomes could have affected the findings on parenting reported in the long-term impact evaluations of these two early self-sufficiency programs. Indeed, observational sub-sample studies (using videotapes) on parenting were conducted for both programs, by Zaslow (1998) within New Chance and by Aber et al. (1995) for the Newark site of the TPD. Both studies found that mothers in the experimental groups engaged in less harsh parenting than those in the control groups, suggesting that if these programs did have positive parenting effects, these were in the realm of controlling and negative parenting behaviors.

## Implications for Welfare Reform

The findings from New Chance and the Teenage Parent Demonstration have important implications for welfare reform. One general lesson is that steps on the road to self-sufficiency (schooling, work, earnings) may come at a price (parental stress). The new welfare reform provides opportunities to identify and provide necessary services to parents in high-risk families, but it is clear that interventions aimed at improving parenting outcomes for teenage mothers must be much more intensive than those incorporated into the two particular programs we have examined here.

The effectiveness of a program depends on both its design and content, and the extent of client participation (the treatment of “the treated”). Our review of the relevant literature suggests that the following ingredients are probably essential to successful parenting programs: (1) parent education through frequent home visits (at least once every two weeks) or “hands-on” sessions at another location, (2) interventions that begin before or immediately after birth, and (3) interventions that last at least 1 year. Such programs will undoubtedly be much more expensive than the smaller-scale parenting interventions offered by New Chance and the Teenage Parent Demonstration programs, but unlike these, they have had proven success.

States thinking of incorporating parenting components into their welfare-to-work programs should be prepared to invest in intensive interventions that are known to work and evaluations that will accurately assess program impacts on parenting outcomes (e.g., randomized experimental designs of different treatment intensities and perhaps third-party observations of parent-child interactions). The three key ingredients of successful programs listed above should be considered required minimums for interventions designed to improve parenting skills and behaviors. It is important to note, however, that the implementation of programs involving home visits may become more difficult as mothers become required to participate in the labor market and have less time for home visits.

Attrition or non-participation by clients is a widespread implementation problem that parenting and self-sufficiency programs in general need to better address. It is clear from LEAP (Ohio’s Learning, Earning, and Parenting Program) and other programs that financial sanctions alone do not guarantee sustained participation. Thus, much more needs to be learned about how to engage disadvantaged families if such programs are to meet with success (see Berlin, O’Neal, and Brooks-Gunn, 1998).
As mentioned by Quint et al. (1997), interventions should proceed with caution when counseling young disadvantaged mothers about living arrangements. New Chance mothers were actively encouraged to move out on their own to get away from (presumably) abusive or conflict-ridden living situations. The evaluation indicates that the program did increase residential instability, which is one likely cause of the increased maternal stress noted in the study results; this, in turn, may have resulted in mothers’ more negative appraisals of their children’s behavior (Gordon, Chase-Lansdale, Matjasko, & Brooks-Gunn, 1997) or possibly their extent of participation in the program. In general, it is important to consider the entire range of consequences when intervening to change the living arrangements of young mothers.

It is clear that no simple fix exists for the problem of welfare dependence. Self-sufficiency is a complex phenomenon that even major programs such as New Chance and the Teenage Parent Demonstration were not able to address fully. However, it should be recognized that while the effects of any program may take longer than three to four years to become apparent, shorter-term parenting outcomes along the long road to self-sufficiency should be tracked, since three or four years can make a tremendous difference in a child’s life.

One last note: With the state waivers prior to 1996 and the passage of the new welfare reform legislation in 1996, the context of welfare policy has changed dramatically in the last decade. Parents now face much stricter requirements than they did when the two programs discussed here were implemented in the late 1980s. Work requirements and time limits are now much more broadly applied, and welfare caseloads have decreased 50% since their peak in 1994. There is some suggestion that the first parents to leave the rolls since 1996 comprise a select cohort—those best able to make it on their own, leaving a group of more vulnerable parents behind. For example, in a recent study, Gyamfi et al. (in press) followed a small sample of women in New York City who, between 1996 and 1998, had been on welfare for several years; they found that those who went off welfare shortly after the reforms had lower levels of stress and depression than the women who continued on welfare. It is possible that outcomes may be much less positive for women who remain on welfare until they hit their time limits than for those who are able to become self-sufficient sooner. Also, it is unknown whether the effects of interventions will be stronger or weaker for this disadvantaged group than for the overall population of welfare recipients. It is important to take these dynamics and issues into account when evaluating the effects of the new welfare reform, as it unfolds, on parenting and other outcomes.

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Notes

1 Nor will other recent experiments/evaluations that do not include parenting components, such as the Minnesota Family Investment Program, the New Hope Project, Canada’s Self-Sufficiency Project, and Florida’s Family Transition Program.
References


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Parents who can instill these abilities and values in their children have done an exceptional job at preparing them for the real world. Children have eight basic needs that good parents provide to make sure that they have the best chance to thrive and be happy. Security. Self-respect and care are two qualities that not only determine your ability to do the same for others, but set the basis for healthy, close relationships. Looking after yourself and appreciating your worth means that you have less stress and are more positive. At this stage, the focus of the parent is on demonstrating respect and positive values, managing your own emotions, balance freedom with responsibility, and communicating regularly. Continue to schedule regular conversations to check in every day. Teenage parents and former teenage parents represent the majority of welfare recipients and consume the majority of welfare benefits. A decade of research on teenage childbearing provides important lessons that can shape the next generation of welfare reform. For example, employment has proven the surest means of escape from welfare and poverty; the mandatory Teenage Parent Welfare Demonstration reduced welfare dependency at modest cost by increasing education, job training, and employment. Moreover, the demonstration proved it is possible to change the culture of welfare among teenage parents and welfare caseworkers through ... The article is devoted to the study of the special features of child-parent relationships of adolescents with self-mutilating behavior. It shows that highly intensive emotional reactions of self-mutilating character are consolidated involuntarily in family atmosphere. The self-harm act, on the one hand, lowers the intensity of painful emotions, and on the other hand, negatively consolidates self-harm which is seen as an effective means of avoiding emotional pain. How Parents Can Build Self-Esteem. Every child is different. Self-esteem may come easier to some kids than others. And some kids face things that can lower their self-esteem. But even if a child's self-esteem is low, it can be raised. Here are things parents can do to help kids feel good about themselves: Help your child learn to do things. At every age, there are new things for kids to learn. Even during babyhood, learning to hold a cup or take first steps sparks a sense of mastery and delight. As your child grows, things like learning to dress, read, or ride a bike are chances for self-