THE POTENTIAL OF HOME VISITOR SERVICES TO STRENGTHEN WELFARE-TO-WORK PROGRAMS FOR TEENAGE PARENTS ON CASH ASSISTANCE

by

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The Teenage Parent Home Visitor Services Demonstration was supported by a partnership between the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (DHHS) and the Henry J. Kaiser Family Foundation. Under the partnership, the Henry J. Kaiser Family Foundation committed substantial resources for the demonstration's design and evaluation. ACF provided funding and support for technical assistance and supplemental research. The University of Pennsylvania, under grants from ACF (90FF0036/01) and the Henry J. Kaiser Family Foundation (5-25306), worked with ACF to design the demonstration programs. Under a subcontract with the University, the Health Federation of Philadelphia developed demonstration protocols for the home-visitor services and conducted pre-service training in the demonstration sites. The University monitored demonstration operations and provided interim in-service training to address major programmatic weaknesses and designed and carried out a comprehensive evaluation of the demonstration programs, including both implementation and process research and an experimental design impact study. Finally, the University contracted with Mathematica Policy Research, Inc., for the design and technical support of a client tracking system, the design of baseline and follow-up surveys, and the administration of the follow-up survey.

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With much appreciation,
Meredith Kelsey, Project Manager
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EXECUTIVE SUMMARY

The Potential of Home Visiting to Strengthen Welfare-to-Work Programs for Teenage Parents on Cash Assistance

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Home visitor services can serve as one of the most valuable and effective social services for helping teenage parents redirect their lives (Olds et al. 1999; and The Future of Children 1993). Yet, in many settings, they also can have minimal or no benefit for young parents (The Future of Children 1999). Major factors determining the effectiveness of home visitor services are the context in which the program operates, the needs and circumstances of the individuals served, and the ways program goals are established, programs are staffed, and services are delivered. This report examines the effectiveness of paraprofessional home visitor services in strengthening outcomes for teenage parents who are receiving cash assistance through Aid to Families with Dependent Children (AFDC) and participating in welfare-to-work programs.[2] The study is based on experiences from a three-year federal demonstration program—The Teenage Parent Home Visitor Services Demonstration Program—that operated in Chicago, Illinois, Dayton, Ohio, and Portland, Oregon, between March 1995 and September 1997.

The demonstration was intended to reduce the long-term welfare dependence among the participating teenage parents, partly by helping them to delay additional pregnancies and their resulting births. The demonstration also sought to strengthen the parenting skills and behaviors of the young mothers. These goals derived from the observation from several prior studies that an extremely high rate of repeat pregnancy presented one of the biggest obstacles to self-sufficiency for teenage parents in programs that focused primarily on strengthening basic skills through education, employment skills through job training, and work readiness through employment experience (Maynard, Nicholson, and Rangarajan 1993; Kisker et al. 1998; Quint et al. 1994; and Quint, Musick, and Ladner 1994). The demonstration design team also expected

[1]Meredith Kelsey was at the University of Pennsylvania at the time she worked on this research.

[2]These welfare-to-work services were provided through the Job Opportunities and Basic Skills Training (JOBS) program under the Family Support Act of 1988.

that reductions in poverty and welfare dependence would result from the assistance home visitors would provide in:

- Strengthening teens' access to and support for education and training
- Better managing the stresses of parenting *and* working or attending school
- Establishing paternity and collecting child support

However, these expectations were not grounded in the support of scientific research.

In October 1994, five states were awarded one-year planning grants to develop model programs that complied with the core principles of the federal demonstration model. Three of the five states—Illinois (South Chicago), Ohio (Dayton), and Oregon (Portland)—succeeded in creating viable models and identifying a sufficient number of teen parents to support an evaluation of the program models. These states were ready to begin sample enrollment for the demonstration evaluation in early 1995. As planned, each demonstration site established two home visitor services programs. One was operated by the local welfare agency, which had limited experience providing such services. The other was operated by a community-based organization with substantial experience providing home-visiting services but less experience with employment and education services.

Over a 27-month enrollment period, nearly 2,400 eligible first-time teenage parents on welfare were identified and subsequently completed program intake. At intake, 1,100 of these parents were randomly selected to receive home-visitor services for a period of 6 to 30 months (depending on when the parents enrolled in the program), in addition to receiving regular Job Opportunities and Basic Skills Training Program (JOBS) services. The remaining teenage parents in the study sample received only regular JOBS services.

We interviewed sample members at intake and near the end of the study period, which was an average of 21 months later (Table 1). We also collected administrative data on cash welfare (Aid to Families with Dependent Children), food stamps, and earnings for an average of 21 to 25 months following sample intake (for wage records and welfare data, respectively).

The core home-visitor service consisted of weekly scheduled visits to clients' homes. These visits were scheduled to last 45 minutes to an hour and to address a wide range of issues detailed in the demonstration curricula regarding child development and parenting, as well as employment needs and support issues. Despite the fact that those young parents in the home visitor services group were expected to comply with home visits in order to receive the maximum welfare grant, an average of just over one in three of the scheduled home visits was

Table 1
The Study Sample, by Site and Data Source

Data Source	Site			Total
	Chicago	Dayton	Portland	
Enrollment Forms	996	648	752	2,396
Administrative Welfare Data	996	648	653	2,297
Administrative Wage Data	941	664	651	2,256
Follow-Up Survey[a]	260	236	212	708
Employment Detail[b]	188	190	154	532

[a]Interviews were attempted with 975 sample members who were a random sample of those enrolled in the study prior to July 1996. Seventy-three (73) percent responded.

[b]A random sample of those completing follow-up surveys.

completed during the first six months of program participation. The average number of completed visits over the study period was 28.

The home visitors represented a diverse group. Two-thirds were African American, though their representation within individual programs varied widely—from 30 to 100 percent. The average age of the home visitors was 30 years; yet, some programs employed home visitors with an average age as low as 25 years, and one employed home visitors with an average age of 38 years. Thirty percent of the home visitors, themselves, had been teen parents. Sixty percent of the home visitors were former welfare recipients, ranging by program from a high of 87 percent to a low of 30 percent.[1] Fewer than one in four of the home visitors had obtained a bachelor's degree and, by design, none had professional degrees in nursing, counseling, or social work. Still, all but a few of the home visitors had completed high school, and most had attained some college education.

The original team of home visitors engaged in one week of pre-service training sponsored by the Administration for Children and Families (ACF) and provided by the Health Federation of Philadelphia, as a subcontractor to the University of Pennsylvania. In addition, each site designed complementary and supplementary pre-service training. Sites also assumed responsibility for training new staff and for ongoing in-service training.

The demonstration support team, headed by the University of Pennsylvania project staff, intervened during the second year of program operations to provide in-service training aimed at strengthening the supervision of home visitors and at redirecting home-visitor services to focus

[1]One site explicitly sought to hire women from welfare.

more directly on compliance with JOBS requirements for engaging in employment-oriented activities, fertility control, and on parenting skills. In addition, during the second program year, the demonstration team provided centralized training of supervisors and facilitated local training for home visitors that focused specifically on child development and parenting.

This report addresses three primary questions:

1. How effective are paraprofessional home visitor services in helping welfare-to-work programs engage teenage mothers in education, job training, and employment?
2. Does the addition of paraprofessional home-visitor services to traditional welfare-to-work programs enhance the economic well-being of teenage parents?
3. Do paraprofessional home visitor services alter the sexual activity levels and family planning practices of welfare-dependent teenage parents in ways that decrease exposure to sexually transmitted diseases, and that decrease the incidence of near-term repeat pregnancies, subsequent births, and abortions.

To answer these questions, the study compares outcomes for two groups of teenage parents required to participate in the state or county welfare-to-work program—the JOBS programs—as a condition of receiving their full cash assistance benefit. One group that included roughly half of the study sample was randomly selected to receive the added services of a paraprofessional home visitor, while the other group received only the regular JOBS services.

The study sample typifies teenage parents on welfare (Table 2). At enrollment, they averaged 18 years old, and have completed an average of 10.5 years of school. Only one-third had completed high school or earned an equivalency certificate. Most were pregnant with their first child or had an infant and a majority lived with a parent or grandparent.

Table 2
Characteristics of the Sample

	Regular JOBS Services	Home Visitor Services	Total
Average Age	18.2	18.3	18.2
Percentage African-American	60.0	56.0	58.2
Average Years of School	10.5	10.4	10.5
Percentage ≥ 12 Years of School	35.2	32.4	33.7
Percentage with Child Older Than One	12.6	12.7	12.6
Percentage Living Alone	16.7	16.5	16.6
Number in Sample	**1,293**	**1,103**	**2,396**

This research indicates that, overall, paraprofessional home visitor services provide only modest enhancements in the outcomes of welfare-to-work programs. However, by the end of the study period there were some striking impacts on reported rates of condom use and use of passive forms of contraception that suggest the possibility that there might be future benefits for this study sample in terms of longer spacing between births. It also suggests that replications of the program model that build on the lessons from the mid-course retraining on family planning services and on goal setting and supervision strategies might do better overall. The following are highlights of the program impact analysis findings:

1. **School Enrollment.** Home-visited teens spent substantially more time in education than they would have in the absence of the demonstration program. In contrast with young mothers who received only the standard welfare-to-work services, those who had the added services of a paraprofessional home visitor spent 18 percent more time engaged in education during the study period (24 percent versus 21 percent of the time; $p < .10$). These impacts were concentrated among those who enrolled in the program after its initial start-up phase and after home visitors had been retrained on the importance of the young mothers' participating in JOBS-approved activities. There is no evidence that the home visitors employed by the welfare agencies were any more or less successful in promoting school attendance than were those who worked for community-based organizations.

2. **Educational Attainment.** The higher levels of school enrollment resulting from the home visitor services did not lead to overall gains in degree attainment. However, among certain program subgroups, a higher proportion of home-visited teens received their high school diploma as compared with those teens who received only the regular JOBS services. There is some evidence suggesting that this gain may be a function of the individual site environment and the messages that home visitors conveyed to program teens.

   Impacts on educational attainment were concentrated in those sites and time periods when there were differences in the emphasis home visitors and JOBS staff placed on education. Notably, there were significant gains in high school completion for those who entered the program after a mid-course correction in the program, which entailed retraining home visitors on both the importance of and strategies for moving the young mothers into some out-of-home activity directed at improving their employability. We observed that home visitors who had been retrained tended to encourage many of their clients to enroll in school as a way to meet their JOBS activity requirements.

3. **Job Training.** Roughly 20 percent of the teen mothers in the study sample participated in some form of job training. However, on average, home-visited teens were slightly *less* likely than regular JOBS services teens to participate in

job training (18 percent versus 23 percent; $p < .10$). Interestingly, the unintended negative effects of the home visitor services on job training are concentrated in those sites where the training rates for the JOBS-only services group were relatively high. Some of the difference may be due to program emphasis and some may be due to the relative skills of service providers at each site. However, lower rates of participation in training for the home-visited mothers also may reflect their increased educational participation as a result of the demonstration services.

4. **Employment.** Given the environment in which the demonstration operated—as well as the program's overall emphasis on employment—it is not surprising that roughly 80 percent of all sample members had some employment experience during the follow-up period. However, home-visited teens were slightly *less* likely than regular JOBS services teens to be employed (36 percent of the months versus 41 percent of the months; $p < .10$). Some of the differences in impacts on employment levels across sample subgroups likely is attributable to the specific program emphasis and the relative skills of the service providers. For example, the negative impacts are restricted to the group who entered the program prior to the strengthened emphasis on JOBS requirements for participation in employment-directed activities.

5. **Economic Well-Being.** The addition of home visitor services to the JOBS program did not alter significantly the overall economic well-being of young mothers. Still, earnings for the home-visited group were higher than the earnings of the control group. Considering the fact that the home visitor services did not increase the level of employment, this entire effect is attributable to more hours worked and/or higher hourly wage rates among those employed. This fact may suggest that, over the long run, those who received home visitor services may be better able to support themselves.

6. **Income Sources.** The economic indicator that did change over time for both service groups is the relative contribution to income of earnings, cash welfare, and food stamps. For both groups, earnings constitute less than one-fourth of total income during the first year following sample enrollment. However, this rate rises to about 46 percent in the second year. The higher earnings generally did not result in significantly lower levels of either AFDC or food stamp benefits, however.

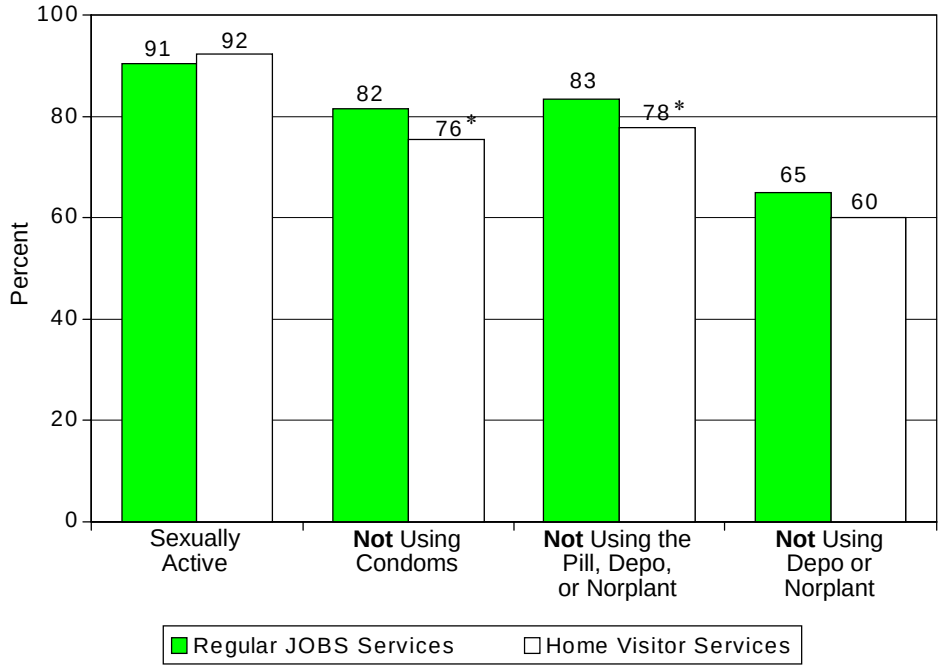
7. **Medicaid Receipt.** There was no change in reliance on Medicaid as a result of adding home visitor services to the JOBS program. About 85 percent of the teenage parents in both groups were eligible for Medicaid during the first year following sample enrollment. This rate fell to about 70 percent by the end of the second year.

8. **Protection from Sexually Transmitted Diseases and Unintended Pregnancy**. Perhaps the greatest success of the program was that it lowered exposure to sexually transmitted diseases through unprotected sexual intercourse and decreased risks of unintended pregnancies by promoting greater use of passive

forms of contraception (Figure 1). There were no program-induced changes in the proportion of young mothers who were sexually active. More than 90 percent of the young mothers in both service groups were sexually active during the study period. Importantly, however, by the time of the follow-up survey, a significantly higher percentage of those young mothers in the home visitor services group than in the control group reported using condoms—25 versus 19 percent ($p < .10$). This is important because of the protection condoms provide against HIV and certain other sexually transmitted diseases and because the increased use of condoms was *not* accompanied by decreased use of highly effective, passive forms of birth control. The home visitors also succeeded in promoting greater use of NorPlant and Depo-Provera (22 versus 17 percent; $p < .10$), and there was a correspondingly higher overall rate of contraceptive use (75 percent versus 68 percent; $p < .10$).

9. **Pregnancies and Births.** In spite of the success of the home visitors in increasing the use of highly effective, passive forms of contraception, their efforts did not lead to lower overall rates of pregnancy or repeat births. Over one-third of the young mothers had a repeat pregnancy over the follow-up period for the study and about 15 percent gave birth. Just under 10 percent of both groups reported having had an abortion over this period.

Figure 1
Risky Sexual Activity at Follow-Up/Last Intercourse



* Statistically significant at the .10 level/p<.10.

> The lack of program impacts on pregnancy rates and outcomes likely is due to the fact that the program-induced changes in contraceptive use patterns tended to occur primarily after a mid-course correction in the program that included retraining home visitors on the delivery of family planning services and reemphasized the importance of their focusing on this goal. There were lower rates of pregnancy and birth among the younger participants whose decision-making might have been most responsive to this mid-course corrective action.

On a number of dimensions, the demonstration's impacts were less than hoped for, thus raising questions about the extent to which the impacts were limited due to flaws in the underlying principles that guided the program design versus implementation weaknesses. A companion paper (Johnson 1999) draws on the demonstration program's rich experience to address the effective design and implementation of paraprofessional, home-visitor services (particularly in the context of welfare-based services for teenage parents). It provides greater detail on the areas in which home visitors influence behavior and outcomes while also stressing the fact that program design and implementation can substantially affect program success.

The limited success of the Home Visitor Services Demonstration in achieving its primary goals likely was affected by three factors: (1) challenges identifying and serving the needs of adolescents; (2) limitations of working in homes that often are not conducive to education and counseling sessions; and (3) charging relatively unskilled workers with extremely important and demanding tasks. This evaluation confirmed the challenges associated with paraprofessional home visitation and supports prior recommendations for strengthening the overall design and implementation of service provision, supervision, training, and administrative oversight in future efforts (The Future of Children 1999).

Over the past 10 years, there has been a major growth in the use of home visitors—both professionals and paraprofessionals. The results of this demonstration point to the importance of proceeding carefully in the design, implementation, and monitoring of such efforts. It is critical that the goals of the home visitor services be clear to the service providers, that the service providers be adequately trained to deliver the services essential to achieving those goals, and that the home visitors be adequately supervised. We found that paraprofessional home-visitor services can be a valuable addition to the social services available to poor, single teenage mothers. Indeed, home visitors were more effective than regular JOBS services in promoting the use of highly effective contraceptives and condoms. Moreover, home visitors made some strides in getting the young mothers to continue their education and find higher paying jobs.

Yet, it was very challenging to recruit, train, and retain skilled paraprofessional home visitors, and the work itself proved to be challenging even for the most talented home visitors. Home visitors must master considerable subject matter. Home visitors need to be confident and somewhat directive in working with their clients, while fostering sound decisions that affect the clients' welfare and that of their children. Up-front screening, pre-service and in-service training, and extensive supervision are critical. An important part of both this training and the ongoing supervision is making sure home visitors have clear goals that are reinforced and rewarded.

Decisions to use paraprofessionals, rather than professional home visitors, need to factor in the higher costs of training, supervision, and replacements associated with the paraprofessional model. Finally, for paraprofessional home visiting models to be maximally effective, triage strategies may be warranted. There is great diversity in the needs of teenage mothers, as well as their access to other forms of support. Moreover, their needs and resources tend to be volatile. It is challenging, but important, to develop procedures for monitoring all clients closely enough to ensure that the home visitor services are matched to these fluctuating needs.

I. INTRODUCTION

Welfare policy has undergone dramatic change over the last decade. With passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (U.S. House of Representatives 1996), welfare agencies have begun to redefine their operations and approaches for service delivery in response to the legislation's increased emphasis on personal responsibility and swifter client progress toward individual self-sufficiency. Under the new time limits on federal cash assistance, welfare agencies face greater pressure to assess clients' needs effectively, tailor services to more efficiently and quickly address underlying obstacles to self-sufficiency, and closely monitor client progress. The results of the Teenage Parent Home Visitor Services Demonstration, which operated in a welfare environment similar in many ways to those currently operating under PRWORA, provide important information to agencies seeking to reduce long-term welfare dependence among teenage parents.

This report presents the results of an analysis of the effectiveness of paraprofessional home visitor services provided as an enhancement to the welfare-to-work program services for teenage mothers through the Teenage Parent Home Visitor Services Demonstration. This demonstration was a federally funded, three-year program that incorporated paraprofessional home visitor services into the traditional welfare-to-work program services for teenage parents receiving cash assistance through Aid to Families with Dependent Children (AFDC).[1] The evaluation of the demonstration had two broad goals:

1. Examine the challenges in implementing and operating a home visitor program for teenage parents on welfare.
2. Measure the social and economic impacts of adding paraprofessional home visitor services to the school and work requirements and services of the Job Opportunities and Basic Skills Training Program (JOBS) welfare-to-work program.

This report focuses on the latter goal of examining the impacts of home visitor services on the participation of teenage parents in school, job training, and employment, as well as the program's impacts on economic well-being, sexual health, family planning, and fertility

[1]These welfare-to-work services were provided through the Job Opportunities and Basic Skills Training (JOBS) program, which operated prior to passage of the 1996 Personal Responsibility Work Opportunity Reconciliation Act PRWORA) and the Temporary Assistance for Needy Families (TANF) block grant program.

outcomes. A companion report addresses the challenges in implementing and operating a home visitor program for teenage parents on welfare (Johnson 1999). The final section of this report discusses the impact findings in the context of the operational experiences of the demonstration and the current policy context.

Why Home Visiting?

Teenage parents on welfare constitute a population that has posed a seemingly intractable challenge to social policy and programs. Their two important, defining characteristics—that they are simultaneously teenagers and parents—exacerbate the pressures inherent in both adolescent maturation and parenting. Moreover, 15 years of programmatic efforts to mitigate the consequences of teenage parenthood suggest that the forms of service delivery used with other welfare populations often do not work well with teenage parents (Maynard 1997; Granger and Cytron 1998; and Kisker et al. 1998).

Because many teenage parents have not yet completed high school, they are faced with juggling the demands of school and parenthood. Or, if they have completed or dropped out of high school, most must balance the demands of work alongside the demands of parenthood, insofar as most are single and few receive much support from noncustodial parents (Maynard et al. 1993; and McLanahan and Sandefur 1994). Many are forced to grapple with logistical issues such as transportation and child care. They must address personal issues (which, for many, include living in a three-generation household), as well as the full spectrum of parenting issues inherent in meeting the demands of an infant. All the while, they are adolescents predominantly consumed with their own identity and independence. Moreover, their dual role as parent and teen is often undertaken in the context of stressful environments, many of which are characterized by poverty, poor housing, domestic violence, physical abuse, and unsafe neighborhoods.

The long-term, negative consequences of teenage childbearing affect both parent and child. Both are likely to face poverty, low levels of educational achievement, and long-term dependence on public assistance. Welfare reforms enacted as a result of the PRWORA substantially curtail the length of time in which teenage parents may receive cash assistance, while increasing the educational and employment requirements for the more limited period of eligibility. Since economic prospects for teen parents and their children remain bleak, children of teenage parents are at increased risk of growing up in single parent households, in poverty, and subject to abuse and neglect (Hotz et al. 1997; and Goerge and Lee 1997). Children born to

teen parents also are more likely to face developmental delays and/or disabilities, emotional and mental illness, and future delinquency than are their counterparts born to older women (Moore et al. 1997; Grogger 1997; Wolfe and Perozek 1997; and Maynard 1996). What further compounds these negative consequences for the children of teenage parents is the greater likelihood that their mothers will continue to have additional children—often born while the mother is still very young (McLanahan and Sandefur 1994; and Haveman, Wolfe, and Peterson 1997).

These factors suggest the need for an intervention that can help teens support themselves in their efforts to become independent, delay additional pregnancies, and develop good parenting skills early in their child's life in order to "break the cycle" of reliance on welfare. The benefits of a sound parent-child relationship can help deter the negative consequences for children and improve their cognitive and emotional development. At the time the Teenage Parent Home Visitor Services Demonstration was conceived, there was strong support and enthusiasm for testing home-visitor services as a way to more effectively address the special challenges posed by childbearing among teens from poor families. The available evidence—albeit largely descriptive—suggests that home visiting may serve as an effective intervention. Appendix Table A.1 presents a synthesis of this research. Notably, the research on home visiting has found that regular home visits by nurses, in particular, can help women better control their fertility and reduce significantly repeat pregnancy rates among disadvantaged groups, including teenage mothers (Byrd 1997; Olds 1992; and The Future of Children 1993). The collective body of research, though limited in many respects, led the Commission to Prevent Infant Mortality to recommend using home visitors to improve health and developmental outcomes for teenage parents (National Commission to Prevent Infant Mortality 1989).

There is a related body of research suggesting that the presence of a caring adult more generally can mitigate many of the risks associated with poverty, including educational achievement and attainment (Darling 1987; The Panel on High Risk Youth 1993; Hamilton 1991; Benard 1992; Johnson 1997). Through the establishment of a close relationship, unrelated adults can provide youths with the personal support, encouragement, information, and assistance—called "social capital"—that are critical to their growth and development, particularly during the adolescent years.

The critical question that the Teenage Parent Home Visitor Services Demonstration sought to examine is, whether the addition of paraprofessional home visitor services to the then-current array of services provided to welfare clients through JOBS programs would foster significant added benefits. Prior research had demonstrated that the core JOBS-type programs—

clear expectations about engagement in school, work, or job training activities, together with case management and social services to support out-of-home activities by teenage parents—would increase participation in self-sufficiency oriented activities (Maynard et al. 1993; and Long et al. 1996). However, gains in economic self-sufficiency were modest, and were possibly suppressed by high repeat-pregnancy and birth rates, which were not lowered by the earlier programs.

In the area of fertility control, nurse home visitor services with this population seem to have been especially effective (Olds et al. 1988). While several nurse home visitor programs were found to be successful, there was less conclusive evidence concerning the effectiveness of paraprofessional home visitor programs (see Appendix Table A.1). Generally, however, the studies of paraprofessional home-visitor services tended to focus on programs of modest intensity not coupled with education, training, and the support services that were an integral part of the JOBS program. The critical policy question for the Teenage Parent Home Visitor Services Demonstration is whether a large-scale effort to address the fertility behaviors of teenage parents, while simultaneously strengthening parenting skills and JOBS participation, can be effective when provided at a more reasonable cost by using paraprofessional home visitors.

The Teenage Parent Home Visitor Services Demonstration

The Teenage Parent Home Visitor Services Demonstration was designed to provide paraprofessional home visitor services to first-time teen parents on welfare who were mandatory participants in JOBS. The demonstration operated between 1995 and 1997 in three U.S. cities—Chicago, Illinois; Dayton, Ohio; and Portland, Oregon—as a unique partnership between the public and private sector.[2] The Administration for Children and Families (ACF), a branch of the U.S. Department of Health and Human Services (DHHS), collaborated with a nationally recognized philanthropic organization, the Henry J. Kaiser Family Foundation, in support of the intervention and its evaluation, which included the following key features:

1. **The intervention focused on four specific needs of teen parents.** Through the establishment of close relationships with teen parents, home visitors were expected to provide instruction, support, and other necessary assistance in four specific areas: (1) parenting skills; (2) effective family planning; (3) health and health care ; and (4) other sources of support besides welfare, particularly child support and paternity establishment. By accomplishing these specific goals, it was expected that the home visitor services would also achieve the fifth, and

[2]Additional detail on the process and criteria for selecting these three cities is available in Kelsey (2000).

paramount, goal of improving teens' participation rates in required JOBS activities and of promoting greater self-reliance.

2. **Home visits were conducted by paraprofessionals.** The specific purpose of the demonstration was to test how successful paraprofessional home visitors would be as an adjunct to a major, federally supported program—the JOBS program—and to assess the potential of this intervention on a large scale. The specific concern was whether the more favorable results achieved with higher-cost nurse home visitors (The Future of Children 1999; Olds et al. 1988; and Olds and Kitzman 1993) could be achieved through the lower-skilled, lower-cost paraprofessionals supported through more intensive supervision.

3. **First-time teen parents were targeted for services.** The demonstration targeted teen parents who either came onto the welfare rolls as first-time cases or who were already on welfare as dependent children but who became parents for the first time during the time the demonstration programs were operating. This focus was believed to be critical to achieving the objective of minimizing the chances that the young mothers would become pregnant again, before the intervention services were available to them. Waivers of the states' JOBS requirements were authorized in order to permit states to require JOBS participation of all teen parents targeted for the demonstration. Under the demonstration, teens who fell into the target population, but who were normally exempt from JOBS participation—those under age 16, those attending school full-time, those who already had a high school diploma or GED, or those who had a child under a certain age—were, therefore, mandatory participants in the JOBS program. The waiver authority also meant that demonstration participants continued to be mandatory JOBS participants for the duration of the demonstration, if they remained on welfare.

4. **The core demonstration service consisted of scheduled weekly visits with clients by the paraprofessional home visitors.** Visits lasting generally 45 minutes to one hour were a mandatory component of the JOBS program. The home visits followed goal-oriented protocols, supported by parent-child and teen curricula, an instrument to help assess teens' strengths and needs, and forms to monitor logistical arrangements related to the visits and referrals to other services. Noncompliance with the scheduled visits constituted grounds for financial sanction in the same way that noncompliance with other JOBS requirements (school attendance, participation in job training or employment) was treated. This includes a series of warnings, followed by reductions in the cash assistance grant if noncompliance persists.

5. **Services were provided in two different service settings.** The goal was to assess whether it was more important to have home-visitor services closely linked to the Title IV agency responsible for administering the state or county cash assistance and JOBS programs, or to have the home-visitor training and supervision under the jurisdiction of an agency highly experienced in providing such services within the community. The home visitors in both settings were expected to work closely with the JOBS case managers and to coordinate closely with the JOBS program.

Evaluation of the Demonstration

The demonstration included an experimental design impact evaluation, which is the primary focus of this report, as well as a process and implementation study (Johnson 1999). The sample for the impact analysis consisted of first-time teenage parents on welfare or applying for welfare for the first time during the study period. These eligible teens were randomly assigned to one of three service streams:[3]

Stream 1: Mandatory JOBS services through the welfare/JOBS agency. This stream did not include home visitor services, and served as the control group.

Stream 2: Mandatory JOBS services through the welfare/JOBS agency, supplemented by home-visitor services provided in the same setting.

Stream 3: Mandatory JOBS services supplemented by home-visitor services provided through a community agency.

Baseline data were collected for 2,396 sample members, using a self-administered survey administered during JOBS intake or orientation sessions.[4] We obtained information on cash assistance, food stamp benefits, and Medicaid benefits from the state welfare data systems, as well as earnings from state unemployment insurance wage records data, for the study sample over an average of about two years following sample intake. In addition, we conducted a follow-up survey with a random subset of sample members and obtained program-tracking data for those in the home-visitor services groups.

The detailed background and follow-up data on individual study sample members were supplemented by extensive, qualitative data gathered during numerous site visits to all three cities. During these visits, we conducted interviews with program staff, observed home visitors in the field for days at a time, conducted case reviews and case conferences with JOBS case managers and home visitors, and conducted focus groups. At critical points in the demonstration period, we also collaborated with the program supervisors to help define and strengthen the home visitor role, based on our and their observations. Most notably, we recommended and

[3]For a portion of the sample enrollment period, a portion of the newly eligible teenage parents in Chicago was randomly assigned to a nonresearch group. This is because the program had limited capacity to enroll additional clients, and it was not efficient to unbalance the ratio of participants to controls excessively to accommodate this constraint.

[4]This includes 89 percent of the teenagers identified as eligible for the program. The vast majority of those who failed to complete the baseline left welfare shortly after application, or they never completed their welfare application (Kelsey 2000).

aided in the organization of retraining of the home visitors on the family planning services modules and in the strengthening of the overall supervision plan for the home visitor services (Johnson 1999).

About This Report and Its Findings

This report presents the findings on the demonstration's impacts for the teenage parents. Most strikingly, the impacts of the home visitor services mirror the goals and expectations set forth for them by the home visitor supervisors. For example, the impacts tend to vary over time, across type of administrative agency, and across sites in ways that mirror the messages conveyed to home visitors regarding program goals and expectations and which, in turn, the home visitors pass on to their clients. The pattern of impacts across outcomes, between service delivery settings and among subgroups of youth, is consistent with our knowledge of the messages home visitors tended to deliver to their clients. Through close examination of the linkage between the impact and implementation and process findings, we identified patterns suggesting that some of the implementation challenges experienced by the demonstration sites, as described in the companion report (Johnson 1999), may have served as a key factor in muting the program's impacts. Accordingly, the recommendations made in this report integrate not only the results of the impact evaluation itself, but those of the implementation study.

The addition of home visitor services did not alter the level of compliance with the JOBS requirements for engagement in any employment-focused activity—education, job training or employment. Both groups were active for just over half of the observation period. However, because a high proportion of the scheduled home visits were not completed, those in the home visitor services group were more likely than their control group counterparts to receive a welfare sanction (45 versus 35 percent) that reduced their cash assistance grant by $50 or more per month, depending on the site and number of prior sanctions.

The average number of completed home visits ranged from 24 in Portland, Oregon, to 31 in Dayton, Ohio—a range that is consistent with the level of contact experienced in other home visitor services demonstrations (Center for the Future of Children 1999; and Olds and Kitzman 1993). While this constituted fewer than half of the scheduled visits, it still was sufficient to improve outcomes in those areas that were stressed most during the visits—school enrollment, contraceptive use, and protection from sexually transmitted diseases through use of condoms.

Program impacts were measured by comparing outcomes for the home visitor services group and their control group counterparts using multivariate models that controlled for

demographic and background characteristics. Based on these comparisons, we observed the following outcomes:

1. **School Enrollment.** Home-visited teens spent substantially more time in education than they would have in the absence of the demonstration program. In contrast with young mothers who received only the standard welfare-to-work services, those who had the added services of a paraprofessional home visitor spent 18 percent more time engaged in education during the study period (24 percent versus 21 percent of the time; $p < .10$). These impacts were concentrated among those who enrolled in the program after its initial start-up phase and after home visitors had been retrained on the importance of the young mothers' participating in JOBS-approved activities. There is no evidence that the home visitors employed by the welfare agencies were any more or less successful in promoting school attendance than were those who worked for community-based organizations.

2. **Educational Attainment.** The higher levels of school enrollment resulting from the home visitor services did not lead to overall gains in degree attainment. However, among certain program subgroups, a higher proportion of home-visited teens received their high school diploma as compared with those teens who received only the regular JOBS services. There is some evidence suggesting that this gain may be a function of the individual site environment and the messages that home visitors conveyed to program teens.

   Impacts on educational attainment were concentrated in those sites and time periods when there were differences in the emphasis home visitors and JOBS staff placed on education. Notably, there were significant gains in high school completion for those who entered the program after a mid-course correction in the program, which entailed retraining home visitors on both the importance of and strategies for moving the young mothers into some out-of-home activity directed at improving their employability. We observed that home visitors who had been retrained tended to encourage many of their clients to enroll in school as a way to meet their JOBS activity requirements.

3. **Job Training.** Roughly 20 percent of the teen mothers in the study sample participated in some form of job training. However, on average, home-visited teens were slightly *less* likely than regular JOBS services teens to participate in job training (18 percent versus 23 percent; $p < .10$). Interestingly, the unintended negative effects of the home visitor services on job training are concentrated in those sites where the training rates for the JOBS-only services group were relatively high. Some of the difference may be due to program emphasis and some may be due to the relative skills of service providers at each site. However, lower rates of participation in training for the home-visited mothers also may reflect their increased educational participation as a result of the demonstration services.

4. **Employment.** Given the environment in which the demonstration operated—as well as the program's overall emphasis on employment—it is not surprising that

roughly 80 percent of all sample members had some employment experience during the follow-up period. However, home-visited teens were slightly *less* likely than regular JOBS services teens to be employed (36 percent of the months versus 41 percent of the months; $p < .10$). Some of the differences in impacts on employment levels across sample subgroups likely are attributable to the specific program emphasis and the relative skills of the service providers. For example, the negative impacts are restricted to the group who entered the program prior to the strengthened emphasis on JOBS requirements for participation in employment-directed activities.

5. **Economic Well-Being.** The addition of home visitor services to the JOBS program did not alter significantly the overall economic well-being of young mothers. Still, earnings for the home-visited group were higher than the earnings of the control group. Considering the fact that the home visitor services did not increase the level of employment, this entire effect is attributable to more hours worked and/or higher hourly wage rates among those employed. This fact may suggest that, over the long run, those who received home visitor services may be better able to support themselves.

6. **Income Sources.** The economic indicator that did change over time for both service groups is the relative contribution of income from average earnings, cash welfare, and food stamps. For both groups, earnings constitute less than one-fourth of total income during the first year following sample enrollment. However, this rate rises to about 46 percent in the second year. The higher earnings generally did not result in significantly lower levels of either AFDC or food stamp benefits, however.

7. **Medicaid Receipt.** There was no change in reliance on Medicaid as a result of adding home visitor services to the JOBS program. About 85 percent of the teenage parents in both groups were eligible for Medicaid during the first year following sample enrollment. This rate fell to about 70 percent by the end of the second year.

8. **Protection from Sexually Transmitted Diseases and Unintended Pregnancy**. There were no program-induced changes in the proportion of young mothers who were sexually active. More than 90 percent of the young mothers in both service groups were sexually active during the study period. Importantly, however, by the time of the follow-up survey, a significantly higher percentage of those young mothers in the home visitor services group than in the control group reported using condoms—25 versus 19 percent ($p < .10$). This is important because of the protection condoms provide against HIV and certain other sexually transmitted diseases and because the increased use of condoms was *not* accompanied by decreased use of highly effective, passive forms of birth control. The home visitors also succeeded in promoting greater use of NorPlant and Depo-Provera (22 versus 17 percent; $p < .10$), and there was a correspondingly higher overall rate of contraceptive use (75 percent versus 68 percent; $p < .10$).

9. **Pregnancies and Births.** In spite of the success of the home visitors in increasing the use of highly effective, passive forms of contraception, their efforts

did not lead to lower overall rates of pregnancy or repeat births. Over one-third of the young mothers had a repeat pregnancy over the follow-up period for the study and about 15 percent gave birth. Just fewer than 10 percent of both groups reported having had an abortion over this period.

The lack of program impacts on pregnancy rates and outcomes likely is due to the fact that the program-induced changes in contraceptive use patterns tended to occur primarily after a mid-course correction in the program that included retraining home visitors on the delivery of family planning services and reemphasized the importance of their focusing on this goal. There were lower rates of pregnancy and birth among the younger participants whose decision-making might have been most responsive to this mid-course corrective action.

This pattern of findings is disappointing, in some respects. However, based on the combined lessons from the impact and implementation analyses, we offer the following observations and recommendations for future consideration:

1. **Paraprofessional home visitors can help teenage mothers make positive changes in their lives.** However, the results of their efforts can be expected to parallel the beliefs, attitudes and messages the home visitors convey to the teenage parents. It can be particularly challenging for home visitors from the community to send clear and consistent messages to the teenage mothers regarding the types of life choices expected of them.
2. **There are trade-offs of lower direct labor costs and higher indirect costs associated with the use of paraprofessionals home visitors, rather than nurses or social workers.** Reliance on paraprofessionals poses challenges in terms of training, supervision, and turnover. Using more highly skilled workers would lower training and supervision costs, but would entail higher salaries and possibly even higher staff turnover.
3. **Effective triage could be important in making this type of intervention efficient; however, this could require better client-tracking systems than currently are used in most welfare offices.** The benefits of the home visitor services varied across sites, among sample subgroups, and over time. Moreover, there was variability in need and receptivity of the young mothers to the home visitor services. A challenge for supervisors is devising systems to reduce the frequency of visits during periods of stability for the young mothers, while being quick to increase involvement when problems arise or receptivity improves.

The remainder of the report is organized as follows:

- Section II provides background information on each of the central features of the demonstration.
- Section III describes the study sample and data used for the impact evaluation, outlines our approach to measuring program effects, and discusses special analytic concerns and how each concern was addressed.
- Section IV discusses program impacts on out-of-home activities such as education, job training, and employment.
- Section V discusses program impacts on income sources and economic well-being.
- Section VI discusses program impacts on sexual activity, condom and other contraceptive use, pregnancies, births, and abortions.
- Section VII summarizes the study findings, discusses key implementation challenges that may have hampered the realization of greater impacts, and presents recommendations.

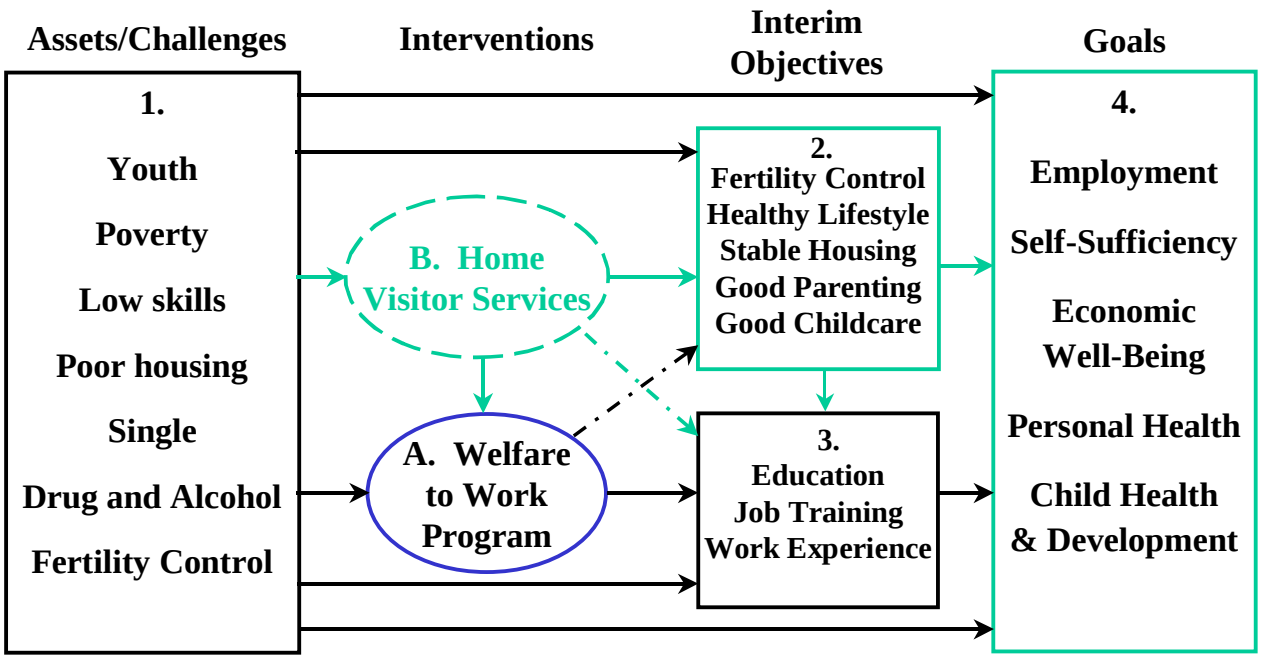
II. THE DEMONSTRATION INTERVENTION

The Teenage Parent Home Visitor Services Demonstration[1] was conceived as a means of boosting positive outcomes for young parents on welfare beyond those that could be achieved through the traditional employment and training services offered through the Job Opportunities and Basic Skills Training (JOBS) program. The results of prior research pointed to modest gains in education, employment and earnings from programs and policies that mandated active involvement in employment-directed activities and that supported such efforts through case management, training opportunities, and child care and transportation assistance (Maynard et al. 1993; and Long et al. 1996). However, circumstantial evidence from these prior efforts pointed to the fact that three factors likely were limiting the success of these primarily office-based programs: (1) the persistently high rates of repeat pregnancies and births; (2) challenges in managing the teens' new roles as parents; and (3) the inability of the home visitors to identify and address many personal important issues related to housing and personal safety of the teen mothers. This third factor was, in fact, not fully anticipated.

The logic underlying the home visitor services model is depicted in Figure II.1. As illustrated in this model, traditional welfare to work programs such as JOBS are designed to build on the assets of the young mothers and address key challenges (Box 1) to their achieving self-sufficiency, personal health and the well-being of their children (Box 4) by providing incentives and strengthening opportunities for education, job training and employment (Oval A). These programs tend not to aggressively address issues of fertility control, lifestyle, housing, parenting and child care (except for provision of funding) (Box 2). By adding home visitor services (Oval B) to the intervention, it is hoped that the young mothers will be more successful in delaying subsequent pregnancies and births, that major crises related to housing and living arrangements that interfere with daily functioning and the ability to pursue self-sufficiency will be addressed, and that the young mothers will improve their knowledge and skills regarding parenting, healthy lifestyles, and selection of good, workable child care (Box 2). Moreover, it is also expected that the home visitors will provide general support and encouragement for the young mothers to take advantage of the education and training opportunities provided through the JOBS program (Box 3).

[1]For additional detail on the implementation and operation of the demonstration, see Johnson 2000.

Figure II.1
The Logic of Home Visitor Services



Below, we first discuss the goals and structure of the home visitor services provided through the demonstration. Then, the second section describes the recruitment and characteristics of the home visitors. The third and fourth sections detail the training of and support materials for the home visitors, respectively. The fifth section describes the supervision strategy for the services, and the final section describes the clients served by the home visitors and their control group counterparts who received only JOBS services.

Goals and Structure of the Home Visitor Services

The principal goal of the home visitor services was to supplement and enhance the JOBS services provided largely through office-based case management. Under the JOBS system, clients met formally with their case managers on a schedule that included stretches of time between opportunities to assess a teen's progress and problems. Given their often large and diverse caseloads, case managers were frequently constrained in their ability to provide in-depth attention to any client. In fact, case managers are typically limited to addressing those issues that clients choose to disclose; they have few means of assessing and assisting in the many issues clients often "leave at home" when they head for a welfare appointment.

Home visitors were expected to be able to supplement case managers' efforts by uncovering important issues that might otherwise not be addressed. For example, while case managers are responsible for enforcing program participation requirements, home visitors can bring to their attention the reasons for teen noncompliance. They can also help teens access appropriate resources to address barriers to compliance. In contrast to case managers, home visitors are expected to have relatively small caseloads, frequent contact with teens, and an opportunity to establish intimate relationships and gain valuable insight through observing family dynamics and home settings. In this respect, home visitors potentially can learn more about teens' individual struggles and successes that, in turn, can guide the home visitors in helping the teens.

In this demonstration, home visitors were expected to meet weekly with teens in their homes.[2] Visits, generally lasting between 45 minutes and one hour, were a mandatory component of the JOBS program. As such, noncompliance was subject to sanction in the same way that noncompliance with other JOBS requirements (such as school attendance) was subject to sanction consisting of a reduction in the cash assistance grant by $50 to $160, depending on the number of previous sanctions and the state.[3]

It was intended that home visitors would provide instruction, support, and other necessary assistance in four specific areas:

1. Parenting skills;
2. Effective family planning;
3. Obtaining health care appropriate for teen parents and their children; and
4. Accessing the necessary resources and supports, particularly in the areas of child support and paternity establishment.

Furthermore, it was expected that home visitors would encourage the teens' participation in required JOBS activities.

The role of the home visitor was intended to be primarily one of "service broker"—someone who would identify teen needs and make referrals. Home visitors were not intended to

[2]Midway through the demonstration, a policy for the provision of biweekly visits was developed, allowing those teens whom home visitors and supervisors felt were making sufficient strides toward self-sufficiency to meet less regularly with their visitors (see Appendix B: Biweekly Visiting Policy).

[3]The same procedures were used for dealing with noncompliance with home visits and with other JOBS requirements. Once case managers were informed that a teen was noncompliant, a letter to this effect was to be issued and the regular steps for imposing a sanction ensued.

provide direct services other than those related to improving parenting skills, providing information that would promote effective family planning, and assisting teens with daily life skills. They were expected to help teens address barriers by coordinating efforts with case managers and facilitating teens' access to other external service providers. According to the demonstration grant announcement, the home visitor would be a link between the teen and her JOBS case manager and, through weekly visiting, establish a good rapport with the young mother, be able to identify potential problems early, and bring appropriate attention to the problems or otherwise help the young mother resolve the problem.

Home visitors and case managers were generally located in the same office building or, as in one site, in office buildings directly adjacent to one another.[4] The actual number of case managers with which each home visitor interacted varied by site. In four of the six research sites,[5] each home visitor had multiple case managers responsible for the clients in her caseload. In the remaining sites, there was a designated case manager for all "home-visited" cases, so that each home visitor interacted with only a single individual.

The Selection and Characteristics of the Home Visitors

The demonstration guidelines provided guidance in, but not authority over, the qualifications, recruitment, and hiring of the home visitors. Sites were expected to hire paraprofessionals, defined as individuals who did not have specific professional training in the key areas to be addressed in the demonstration but who did possess skills "which have been found to be important in previous home visiting programs." Such attributes might include maturity, flexibility, demonstrated success in child rearing, imagination and creativity, "street smarts," personal warmth, communication skills, and problem-solving skills (Pless and Satterwhite 1972; Honig and Lally 1982; and Chapman et al. 1990). Additional guidance included suggestions on where to recruit home visitors (from the local community) and how to recruit them (through the use of posters, public service announcements, and outreach efforts). Sites in the demonstration were advised to delay final hiring decisions until supervisors and other staff had had an opportunity to observe the home visitors on the job for a limited period of time.

[4]In one site, case managers responsible for teen clients were initially located in branch offices throughout the city. During the demonstration, the Title IV-A agency decided to consolidate all teen case managers into a single location, which coincided with the location of the home visitors.

[5]Each city had one "control" service stream or site, and two research streams or sites that supplemented the JOBS program with home visiting services (one of which was operated by the state or county welfare agency, and one of which was operated by a local community-based organization). Because there are two research streams in each of the three cities, reference here is made to a total of six research sites.

Sites opted to recruit home visitors from several different sources, often from among current welfare recipients or from the pool of existing welfare agency employees (often former eligibility workers). One site recruited from multiple sources, including community college social work programs, local community-based agencies, and employment agencies. Of the home visitors hired for the demonstration, all were women. The racial composition of the staff in each site generally reflected the composition of the local teen parent population (Table II.1). The overall average age of the home visitors was 30, but ranged from an average of 25 years in one site, to an average of 38 years in another. Two-thirds of the home visitors had children, 60 percent had a history of welfare receipt lasting just over three and one-half years, and 30 percent had been teen parents. The majority of the home visitors had some college experience, although generally they held less than a bachelor's degree. Few had previous experience or formal training in home visiting or a related area.

Table II.1
Characteristics of Home Visitors, by Site and Employment Setting

	Chicago		Dayton		Portland		
	Welfare Agency	Community Agency	Welfare Agency	Community Agency	Welfare Agency	Community Agency	All Sites
Race/Ethnicity							
% White	10	0	50	20	45	67	25
% African American	80	100	50	80	33	33	66
% Hispanic	10	0	0	0	22	0	9
Average Age	38	30	32	28	25	25	30
% With Children	60	64	67	100	67	67	68
% Teen Parent	25	22	0	50	50	33	30
% Ever on AFDC	86	30	57	83	56	67	60
Average Years	2.3	8.3	6.0	4.8	2.9	1.3	4.0
Highest Level of Education Attained							
% Bachelor's Degree	38	27	14	0	22	33	23
% Associate's Degree	13	18	29	0	22	33	18

(continued)

Table II.1 (continued)

	Chicago		Dayton		Portland		
	Welfare Agency	Community Agency	Welfare Agency	Community Agency	Welfare Agency	Community Agency	All Sites
% Some College	50	46	43	50	22	33	41
% 12th Grade	0	9	14	17	34	0	14
% Less than 12th Grade	0	0	0	33	0	0	4
Average Length of Employment (Days)	527	198	539	269	612	892	460
Sample Size	**10**	**11**	**9**	**6**	**9**	**3**	**48**

Source: Surveys completed by home visitors in the demonstration.

Home Visitor Training

The training of home visitors consisted of both pre-service and in-service training. In each of the cities, home visitors were provided with one week of on-site, pre-service training provided by the Health Federation of Philadelphia immediately prior to the enrollment of their first clients.[6] This pre-service training was designed to equip each home visitor with sufficient knowledge, skills, and self-confidence to begin working effectively with families. Two trainers with complementary areas of professional expertise jointly facilitated the training and covered issues related to child development, teens' lives and needs, and general visiting skills. Sites were encouraged to require supervisors to attend the training, as well as to designate a senior staff person to attend, so as to be able to replicate the training when new home visitors were hired later in the demonstration.

In-service training was the responsibility of each site's staff. The majority of the training was provided by the site supervisor or was made available through a local community provider. Topics covered generally included factual information in such areas as sexually transmitted diseases or new regulations under welfare reform; service strategies such as interviewing techniques and personal safety; and difficult areas of service provision, such as housing assistance, domestic violence, and substance abuse. Based on an assessment that home visitors were neglecting to address teens' parenting skills during their visits, sites were encouraged to supplement these training efforts with the services of a recommended professional trainer. In two of the three cities, the agencies followed this recommendation; in one location, they identified and hired their own professional trainer.

[6]See Appendix C for a description of the Health Federation of Philadelphia.

Supplemental Materials to Support Home Visitors

Several sets of materials were designed and provided to the home visiting staff, in order to assist them in planning and conducting their visits. The materials included the following:[7]

- **A Teen Strengths and Needs Assessment (TSNA).** This 21-page document included questions on a broad range of topics related to a teen's life, including her and her child's health, her habits, and sources of support. The TSNA was designed to help home visitors elicit important information in the process of establishing a relationship with each client and to identify particular strengths and needs around which to focus future visits.
- **Parent-Child and Teen Curricula.** Home visitors were provided two large three-ring notebooks that covered a range of topics on parenting and teen concerns (the Parent-Child Curriculum and Teen Curriculum, respectively). These materials included suggested activities, handouts, and key questions to explore (see Appendix D for the table of contents for each curriculum).
- **An Action Plan.** The Action Plan was designed to help home visitors assist clients in identifying short-term goals and the specific steps necessary for achieving these goals. It was also intended to help home visitors (and their supervisors) monitor client effort from week to week, as well as progress toward agreed-upon goals (see Appendix E for a sample Action Plan).
- **Tracking Form and System.** The tracking form was part of a computer-based Management Information System (MIS) developed for the demonstration to monitor the status of each client. The tracking form maintained records of completed visits. It was also designed to help plan for successive visits by recording information on covered curriculum topics, reminder notes to home visitors, and the scheduled date and time for the next visit (see Appendix F for a sample tracking form).

Supervisory Strategy

Demonstration sites were provided recommended guidelines for the selection of the home visitor supervisor, as well as for the responsibilities this individual should assume. Sites were advised to hire someone with a master's degree in social work or a degree in public health nursing and with some experience in home visiting. In addition, sites were advised to maintain a ratio of one supervisor for every five to eight home visitors; to ensure that the supervisor held at least weekly meetings with each home visitor, as well as weekly group supervision; and to allow the supervisor sufficient time to provide individual assistance to home visitors, as needed.

[7]The TSNA, the curriculum materials, and the Action Plan were developed by the Health Federation of Philadelphia. The tracking system was developed by Mathematica Policy Research, Inc.

Sites generally hired supervisors from within their respective agencies. The education levels of supervisors ranged from some college to, in one case, a master's degree in social work. Although most supervisors did not have previous experience in home visiting, they did have extensive familiarity with welfare policies and practices, due to their previous positions in welfare agencies. During the demonstration, half the sites experienced turnover in supervisors; in one case, several iterations of supervisor turnover occurred.

Most supervisors held weekly individual and group supervision sessions, and handled a number of additional responsibilities. Supervisors reported having to divide the rest of their time between project meetings, field observations, informal support, personnel evaluations, monitoring staff effort, coordinating services, producing demonstration reports, and other miscellaneous managerial responsibilities.

To strengthen the supervision provided during the demonstration, supervisors were convened on two separate occasions. The initial gathering was a working session during which supervisors shared their experiences and struggles and collaboratively discussed ways to address these issues. The second effort involved a two-day training session facilitated by a professional training provider.[8]

The Young Mothers Served by the Demonstration Study Sample

The study sample consists of 2,396 young mothers who met one of three conditions: (1) were childless, pregnant, and recently approved for Medicaid only for the unborn child; (2) had their first child while a minor in a cash assistance household; or (3) applied for and were granted cash assistance for the first time as a custodial teenage parent. Just over half of these young mothers were randomly assigned to the control group, which would receive only regular JOBS services offered to cash assistance recipients (Table II.2). Of the remaining 46 percent, just over two-thirds had home visitors employed by the welfare agency, and one-third had home visitors who worked for an experienced community service provider.

[8]Training was provided by Dr. Beverly Ford, of ASM Associates, based in Naperville, Illinois.

Table II.2
The Study Sample, by Period of Enrollment, Site, and Program Services

	JOBS Services Only	Home Visitor Services			Total Sample
		Total Home Visitor	Welfare Agency	Community Agency	
Site					
Chicago	604	392	285	107	996
Dayton	305	343	223	120	648
Portland	383	369	245	124	752
Intake Period					
1995	552	461	319	142	1,013
1996	561	474	323	151	1,035
1997	180	168	111	57	348
Total					
Number	1,293	1,103	753	350	2,396
Percent	53.4	46.0	31.6	15.4	100.0

Source: Random assignment and survey tracking database.

Forty percent of the sample resided in Chicago and 27 percent in Dayton, with the remaining 31 percent residing in Portland. Most of the sample was enrolled during the first 18 months of the demonstration period (March 1995 through December 1996). A small portion, however, did not enter the sample until early 1997.

The young mothers in the demonstration sample are fairly typical of those coming onto welfare in other medium to large cities in this country. Their average age was just over 18. One-third of the sample was under age 18 (Table II.3) and a mere 8 percent were under age 16 (not shown). Fifty-eight percent of the sample of young mothers is African American, non-Hispanic; 36 percent are white, non-Hispanic, and the remainder represents Hispanic and other racial/ethnic groups. The average years of schooling completed at sample enrollment was 10.5. However, while nearly half of the young mothers had completed 10 years of schooling or less, nearly 25 percent had completed high school and 3 percent had attended college.

Of those who had given birth prior to enrollment, roughly one-third had done so at age 16 or younger, while 44 percent of the young mothers were 18 or 19 when they had their first child (Table II.3). Most of the children of these teenage mothers were very young. Nearly 20 percent of the young women were pregnant with their first child at the time of sample enrollment, and were receiving only Medicaid benefits at that time (Table II.3). Sixty-nine percent were under

one year old when their mothers enrolled in the study sample, with the mean age being seven months; only 4 percent of the children were two or older.

Roughly 50 percent of the young mothers were living with a parent at the time of sample enrollment, and 8 percent were living with a grandparent (Table II.3). These were disproportionately the younger mothers. Seventeen (17) percent were living alone, with the rest living with other relatives, male partners or friends.

Table II.3
Characteristics of the Study Sample at Intake

	JOBS Services Only	Home Visitor Services			Total Sample
		Total Home Visitor Services	Welfare Agency	Community Agency	
Age of Respondent at Intake					
Average Age	18.2	18.3	18.3	18.2	18.2
% Under Age 18	32.8	33.2	32.3	35.2	33.0
% 18 or Older	67.2	66.8	67.7	64.8	67.0
Race/Ethnicity					
% African American, Non-Hispanic	60.0	56.0			58.2
% White, Non-Hispanic	34.7	37.6			36.0
% Hispanic and Other	5.3	6.4			5.8
Education					
Average Years Completed	10.5	10.4	10.4	10.3	10.5
% With 10th Grade or Less	44.3	49.5	47.9	52.8	46.7
% With 11th Grade	27.5	26.2	28.0	22.4	26.9
% With 12th Grade	24.1	21.8	22.0	21.3	23.0
% With GED	6.9	7.8	8.5	6.2	7.3
% With Some College	4.2	2.6	2.1	3.5	3.4
Primary Language					
% Not English	2.7	3.8	3.7	3.4	3.2
School Enrollment at Intake					
% Not Enrolled	57.2	57.0	58.1	54.7	57.1
% In Regular High or Middle School	25.2	25.3	24.0	28.1	25.3
% In ABE/GED	7.8	9.3	10.2	7.4	8.4
% In Postsecondary School	9.8	8.4	7.7	9.8	9.1

(continued)

Table II.3 (continued)

	JOBS Services Only	Home Visitor Services			Total Sample
		Total Home Visitor Services	Welfare Agency	Community Agency	
Age of Respondent at First Birth (for Those Not Pregnant at Intake)					
Average Age	17.5	17.6	17.6	17.6	17.6
% Under Age 17	33.8	31.1	32.2	28.9	32.5
% 17 to 18	23.1	23.4	20.3	30.5	23.3
% 18 to 19	43.1	45.2	47.5	40.6	44.2
Age of Youngest Child					
% Unborn at Intake	20.0	16.9	17.8	15.2	18.6
% Children Under 1 Year	67.3	70.3	69.7	71.6	68.7
% Children 1 to 2 Years	8.5	8.1	8.0	8.2	8.3
% Children More than 2 Years	4.1	4.6	4.4	5.1	4.3
Average Age of Children, in Months	7.1	6.0	6.8	7.0	7.0
Living Arrangement					
% Living Alone	16.7	16.5	16.3	16.8	16.6
% Living with Parent	48.8	50.4	51.3	48.3	49.5
% Living with Grandparent	8.2	8.2	7.9	8.9	8.2
Number in Sample	**1,293**	**1,103**	**753**	**350**	**2,396**

Source: Baseline Forms completed in a group setting at the time of sample enrollment.

Quite surprisingly, in light of the young ages of their children, just under half of the young mothers in the study sample were working or going to school at the time they were enrolled (Table II.4). Twenty-five percent of the mothers were in a regular middle or high school, 8 percent were in a remedial education program (adult basic education or general educational development preparation program), and 9 percent were in some form of postsecondary school. Nine (9) percent were employed; nineteen (19) percent reported having a work-limiting condition.

Table II.4
Participation in School and Employment at Intake

	JOBS Services Only	Home Visitor Services			Total Sample
		Total Homes Visited	Welfare Agency	Community Provider	
Educational and Employment Activity					
% In Neither	52.0	52.7	54.0	50.0	52.0
% In High or Middle School	25.2	25.3	24.0	28.1	25.3
% In ABE/GED Program	7.8	9.3	10.2	7.4	8.4
% In Postsecondary Program	9.8	8.4	7.7	9.8	9.1
% Employed	8.4	9.4	8.0	12.5	8.9
Work-Limiting Health Condition					
% With a Condition	17.4	21.6	19.3	26.6	19.3
Number in Sample	**1,293**	**1,103**	**753**	**350**	**2,396**

Source: Baseline Forms completed in a group setting at the time of sample intake.

III. THE ANALYTIC APPROACH

This report addresses the impact of the home visitor services on three major goals: (1) improving education and employment-related outcomes; (2) diminishing reliance on public assistance without lowering economic well-being; and (3) reducing the risks of sexually transmitted diseases, unplanned pregnancies, and closely spaced second children. We implemented an experimental design evaluation of the home visitor services, with longitudinal tracking of the study sample over an average of about two years. This design enables us to compare outcomes for groups of teenage parents on cash assistance, and who were required to participate in the local welfare-to-work program but who had different exposure to home visitor services. All sample teens received case management and support services to aid in their compliance with the JOBS requirements that they actively engage in education, job training, and/or employment activities for an average of 20 hours per week as a condition of receiving the full cash assistance grant. However, only a random subset of these teenage parents received the paraprofessional home visitor services in addition to their welfare-to-work program support services—the home-visitor services group. The group who received home visitor services was further split randomly into one group whose home visitors were employed by the state or county welfare agency and the other group whose home visitors were under the auspices of a community service provider. We used multivariate estimation techniques to generate our impact estimates through comparisons of outcomes for the home visitor and regular service, control groups.

The Sample and Data for the Analysis

The target population for the demonstration is represented by a sample of 2,695 eligible teenage mothers identified between March 1995 and March 1997 in the three demonstration locations—Chicago, Illinois; Dayton, Ohio; and Portland, Oregon (Table III.1). Of these, 2,396 (89 percent) completed sample intake and entered the study sample. The vast majority of the remaining young mothers left the cash assistance roles within two months after making their application. Of those in the study sample, 54 percent were randomly assigned to the group that received only regular welfare-to-work services, and 47 percent received the additional home visitor services. Among those receiving home visitor services, 68 percent were randomly

assigned to home visitors employed by the welfare agency, and 32 percent received home visits by paraprofessionals employed by community-based organizations.

Table III.1
Analysis Sample Sizes, by Data Source and Site

Data Source	Site			Total
	Chicago	Dayton	Portland	
The Target Population [a]	1,118	798	779	2,695
Baseline Survey[b] (Total)	996	648	752	2,396
Regular JOBS Services	604	305	383	1,292
Home Visitor Services	392	343	369	1,104
Follow-up Survey[c]	260	236	212	708
Subsample (Employment Questions)[d]	188	190	154	532
Administrative Records Sample[e]				
Cash Assistance, Food Stamps, and Medicaid Benefits	996	648	653	2,299
Unemployment Insurance Wages	941	644	651	2,236

[a]Includes sample members who did not complete program intake. The vast majority of the 12 percent who did not complete intake left welfare within two months of applying.

[b]Baseline sample information comes from survey forms completed in a group setting, at the time of program intake.

[c]Follow-up surveys were administered to a random sample of the baseline sample members who were enrolled before July 1996. These surveys were administered in the spring and summer of 1997 by telephone or, where necessary, through field tracking. The administration schedule resulted in there being between 14 and 27 months between intake and the follow-up survey. The average elapsed time between sample enrollment and follow-up survey completion was 21 months.

[d]Detailed employment questions were included for only a random subsample of the follow-up survey sample to control survey costs.

[e]Administrative data for wages and benefits was obtained from state records for demonstration sample members.

The sample sizes for the analysis of various research questions vary considerably as a result of the data collection strategy. The analysis of outcomes derived from welfare administrative data and state unemployment insurance wage reporting data includes nearly all of the sample members (2,236 and 2,299 individuals, respectively, whose demonstration program records were successfully linked with the agency administrative data). However, for the analysis of outcomes measured through follow-up survey data, information was available for only 708 of the sample members (Table III.1). We attempted to survey 975 sample members selected at

random from among those enrolled in the study sample prior to July 1996, and succeeded in completing surveys by telephone or in person with 73 percent.[1]

Variable sample sizes by length of the follow-up reference period. For some outcomes, the sample size varies by the reference period for the outcome. This is because the interviews were administered variable numbers of months following sample enrollment (14 to 27 months) and the administrative data were collected at particular points in calendar time, which means that they cover variable numbers of months following sample enrollment. (See Appendix Table G.1.) Only 21 percent of the sample has interview data covering 24 months or more after enrollment. In contrast, 46 percent of the sample have wage records data for 24 months or longer, and 66 percent have welfare benefits data from administrative records covering 24 or more months following sample enrollment.

Differences among groups with information from various sources. The characteristics of the study sample vary somewhat across the groups with information from the different data sources. For instance, the follow-up sample and the baseline survey samples differ somewhat in terms of living arrangements, age of the youngest child at intake, mother's education, family size, and educational enrollment (Appendix Table G.2). Compared to the baseline sample, a higher proportion of teens in the follow-up survey sample were living with their parents or grandparents, and the average age of the youngest child was a full month younger than the children of baseline sample members. A higher proportion of the follow-up sample participants were enrolled in regular high school, with a smaller proportion who were in a GED or ABE program. The mothers of follow-up sample members were slightly more educated than the mothers of baseline sample members; the follow-up sample members came from smaller families. We statistically controlled for these measurable differences in our analysis. Moreover, selected comparisons of estimated impacts for subsamples with different amounts of follow-up data suggest the generalizability of study findings has not been compromised by our reliance on information sources with variable coverage of the sample.

Differences between the home visitor services and the regular JOBS services groups. Within the survey sample, there were only a few differences between the home visitor services group and the regular welfare-to-work program services group. For the full baseline sample, the home visited group was slightly less educated, spent more time in a single parent family, came from smaller families, and were more likely to report a work-limiting health condition when compared to the group receiving only the regular welfare-to-work program services (Appendix

[1]Mathematica Policy Research, Inc. conducted the survey under a subcontract to the University of Pennsylvania.

Table G.3). The only observed difference in background characteristics between the home-visitor services group and the regular welfare-to-work program services group for the follow-up survey sample was a small difference in the racial composition of the groups (Appendix Table G.4). Compared to regular welfare-to-work services teens, a higher proportion of the home-visitor services group were Hispanic. In light of the small number and modest size of differences between the treatment group samples, statistical controls for measured differences should result in our obtaining unbiased program impact estimates.

Variation in program services and context over time. The range of home visitor program experiences, as well as the welfare-to-work services, varied over time. In part, this was because the demonstration programs were maturing and states were continually adjusting their welfare policies. Thus, because the follow-up survey sample predominantly includes the earlier sample enrollees, their experiences do not mirror those for the full sample. Beginning in summer 1996, there were strong messages of impending major reforms to the welfare system that were influencing the welfare-to-work program services and the expectations of the teenage mothers regarding their long-term entitlement to welfare. Focus groups revealed that these messages about likely reforms were reaching our study sample.

Analytic Approach

The overall objectives of this analysis were (1) to determine the range of outcomes for teenage parents that could be expected if they received the combination of paraprofessional home visitor services and traditional welfare-to-work services for teenage parents, and (2) to assess the extent to which these outcomes were attributable to the home visitor services. We used the experiences of the home visitor services group to gauge reasonable outcomes from replication of this type of welfare-to-work program enhancement. We used the outcomes for the welfare-to-work-only services group to gauge what the outcomes for the home visitor service group would have been had they not had the additional services provided by their home visitors.

In estimating the contribution of the home-visitor services to the outcomes, we relied on multivariate analysis to compare outcomes for the two groups.[2] Multivariate models provided statistical control for any residual differences between the home visitor services and the regular welfare-to-work-only services group. They also improved the accuracy of the impact estimates by controlling statistically for within-group variation in the characteristics of the treatment

[2]In most of this analysis, home-visited teens from both treatment groups (those whose home visitors were employed by the welfare agency and those whose home visitors worked for a community-based organization) were combined to form one home-visited group. However, differences in effectiveness by program auspice are examined for selected outcomes.

groups. In addition, they provided an efficient means of examining impacts for subgroups of the sample, simulating impacts under alternative program targeting strategies, and estimating time trends in outcomes.

In most cases, impacts were estimated using logistic regression models (for binary outcome measures such as receipt of a high school diploma) or Tobit models (when the outcome measure is censored, such as average monthly earnings which are zero for all who are not employed during the month). All the analytic models included a standard set of control variables measuring demographic and background characteristics expected to affect one or more of the outcomes of interest (see Appendix Table G.5). Specifically, we have included variables denoting factors that may explain behavioral differences for young mothers across the different sites, that may predict the probability of responding to the follow-up survey, or that may relate to the enrollment cohort or duration of the follow-up period. We have also included characteristics that could be used for subsequent program targeting.

IV. HOME VISITS AND EMPLOYMENT-DIRECTED ACTIVITIES

By the time the Teenage Parent Home Visitor Services Demonstration occurred, all three demonstration states had instituted policies and support services directed at promoting long-term self-sufficiency among their welfare-dependent teenage parent populations. Each state stipulated that teenage parents under age 18 who had not completed high school were required to be enrolled in high school or a General Education Development (GED) certificate preparation program in order to maintain their eligibility for cash assistance. Teen parents who were 18 or older were required to be actively engaged in some form of education, job-training, or other employment-directed activity. To support young mothers in their fulfillment of these requirements, each state offered education and training opportunities, job search assistance, and a range of support services, including counseling, child care assistance, transportation subsidies, and self-improvement workshops.

Teens who failed to meet the requirements for engagement in approved activities were subject to financial penalties in the form of sanctions applied to the individual's welfare grant. The sanctioning policies varied somewhat across states, but the monetary amount of sanctions ranged from $50 for the first incidence of noncompliance to the full amount of the caretaker's portion of the grant for prolonged periods of noncompliance.

The JOBS staff within each local agency was responsible for monitoring compliance with the requirements and for providing a range of support services, as needed, to help the young mothers comply. Home visitor services were an added resource intended to help young mothers better manage their time and make more consistent choices that would strengthen their success in school, job training, and employment. Participation in home visits was an additional JOBS program requirement; failure to meet regularly with a home visitor carried the potential for financial penalties similar to those for failing to comply with the education, job-training, and employment requirements.

The intention of the home visitor component of the intervention was that home visitors would establish relationships with young mothers and provide them with support and services through weekly meetings in the young mothers' homes. The services of the home visitor was expected to complement the work of the JOBS case manager and program by providing assistance to teens in the areas of parenting, child support, and family planning. It also was intended to supplement the assistance offered by the JOBS case manager by facilitating early

identification of and response to some of the challenges the teen mothers faced in their efforts to balance their roles as mothers with their responsibilities to comply with the JOBS requirements. The key to the home visitors' abilities to deliver services was establishment of strong relationships with the teen mothers (Johnson 1999).

The demonstration experience underscored the difficulty in achieving these goals related to strengthening the JOBS program efforts to promote employment-directed activity and outcomes. It also suggests that the success of home visitor programs in these areas is highly related to the clarity of the program goals, the context in which the services are delivered, and the oversight provided. Highlights of the findings in this area include the following:

- The average number of home visits completed with each young mother over the study period was 28, which is well below the 84 potential visits.
- The home visitor services did not increase the proportion of months the young mothers were in one of the three main employment directed activities—school, job training, or employment.
- Teen mothers in the study sample were engaged in school, job training, or employment just over half of the months covered by the study, and about 60 percent of them had lengthy spells of "inactivity"—three months or longer.
- Financial sanctions were common, affecting about 35 percent of those in the regular JOBS services group and 45 percent of those who also had the home visitor services. Notably, the higher incidence of sanctioning among the home visitor services group did not lead to higher levels of engagement in employment-directed activity.
- Home visitor services did alter the selection of activities among the young mothers. They increased the proportion of months the young mothers were in school, and decreased their time in job training and employment. However, there were instances where the home visitors' efforts were successfully directed toward promoting employment over school and job training, including during the later period of the demonstration after home visitors were retrained and explicitly encouraged to place greater emphasis on movement into employment.
- The higher rates of school enrollment did not result in significantly higher rates of degree attainment over the full study period. However, while the measured five-point difference in the percentages holding a high school diploma at the time of the follow up survey is not statistically significant ($p = .13$), it is notable that the gains in the likelihood of having earned a diploma is larger for later enrollees (10 percentage points) and statistically significant ($p = .08$)—a finding that is consistent with changes in the home visitors' understanding of the program goals.

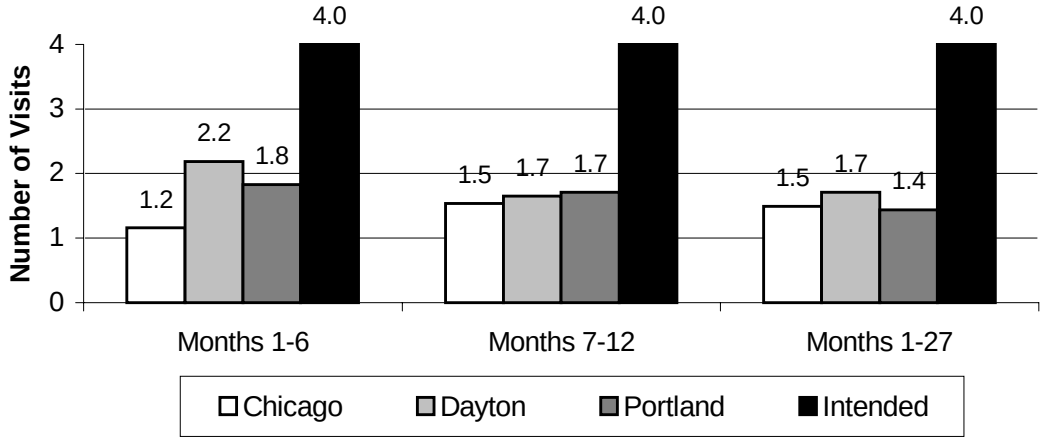
Below, we first examine the level of home visitor services received by those in the enhanced services group. The subsequent section examines engagement of the young mothers in

any of the three major JOBS activities that count toward the program's self-sufficiency activities requirements—school attendance, job training, and employment—and looks at the incidence of financial sanctions for noncompliance with the JOBS activity requirements. The final two sections discuss the impacts of home visitor services on school attendance and educational attainment and on job training and employment activities, respectively.

The Level of Home Visitor Services

Those in the home visitor services groups participated in an average of about 28 home visits over the study period. The average number of visits ranged from 24 in Portland to 31 in Dayton (Kelsey 2000, Table D.1). There tended to be a low rate of visits in the first month or two after program enrollment, as the home visitors struggled to establish contact and develop a relationship. They were most frequent during the rest of the first year of participation, after which they tended to diminish in frequency (Figure IV.1 and Appendix Table H.1). A decline in frequency in later months was attributable to a combination of the fact that some young mothers left welfare (and, thus, were no longer required to participate) and to "fatigue" on the part of the home visitor and the teen mothers.[1] The number of visits completed over the entire observation period averaged 1.5 per month when home visits should have been conducted.[2]

Figure IV.1
Average Number of Completed Home Visits per Month, by Time Period



Source: Site-maintained computerized tracking system.

[1]Programs were allowed to continue home visits for those whose eligibility for cash assistance ended. However, they were not required to do so.

[2]Home visits were optional for those who no longer received public assistance.

The relatively low frequency of completed home visits in this demonstration is consistent with findings on service delivery from other home visiting programs (The Future of Children 1999; and Olds and Katzman 1993). Moreover, many of the reasons for the variance mirror the experience of other programs. These include such reasons as residential moves, the chaotic circumstances of the teens' everyday lives, and the reluctance or unwillingness of families to allow home visitors into their homes as reasons for such a low completion rate (The Future of Children 1999). A minority of the teens in this demonstration actively resisted the home visits, especially after the initial contact was made.

A nontrivial cause of missed visits was one that was related to programmatic challenges. Particularly early in the demonstration period, data support for monitoring completion of visits was not fully operational and policies for rescheduling missed visits often were unclear. High turnover among the home visitor staff, high absenteeism among some home visitors, and a reluctance of some home visitors to be persistent in following up on missed visits contributed to missed visits. (Many case managers also were reluctant to sanction clients for noncompliance with home visits.) The staff-related problems seemed greatest in those programs that relied heavily on home visitors who were transitioning off welfare and who had relatively high rates of personal issues of their own that at times precluded keeping their scheduled appointments for home visits with teens.

Each of these issues received attention over the course of the demonstration period, and, as a result, operational practices improved (see Johnson 1999). Still, the reality is that the high rate of missed home visits limited the potential of the programs to identify and address some of the problems that confronted the young parents.

Compliance with Welfare Activities Requirements

As noted, each demonstration site made receipt of cash assistance conditional on participation in some form of activity intended to prepare them for self-sufficiency—school attendance, job training, or employment.[3] The JOBS program requirements and services alone resulted in the young mothers participating in a qualifying activity for slightly more than half of the time (Table IV.1). Notably, the addition of home-visitor services did not increase the overall level of participation in school, job training or employment, activities. Those in the home-visitor services group participated in a qualifying activity for an average of 57 percent of the months in

[3]Teenage mothers who were not enrolled in a structured educational program were expected to be in some form of employment or training for at least 25 hours per week.

the study period, compared to their counterparts who received only regular JOBS services and were in a qualifying activity 59 percent of the months. The majority of teens in both groups experienced at least one spell of three months or longer in which they were not in any qualifying activity, and nearly half had at least one six-month or longer spell of inactivity.

Table IV.1
JOBS Participation and Financial Sanctions

Outcome Measure[a]	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[b]	Percent Change	p-value
Percent of Time in School, Training, or Employment	58.8%	56.8%	-2.0	-3.4%	0.53
Inactive 3 Months or Longer	58.9%	63.6%	4.7	8.0%	0.27
Inactive 6 Months or Longer	46.4%	50.1%	3.7	8.0%	0.39
Any Financial Sanction	34.5%	45.0%	10.55**	30.4%	0.02
Number in Sample					
Welfare Sanction	316	392	708	---	
Qualifying Activity	242	290	532	---	

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollments was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

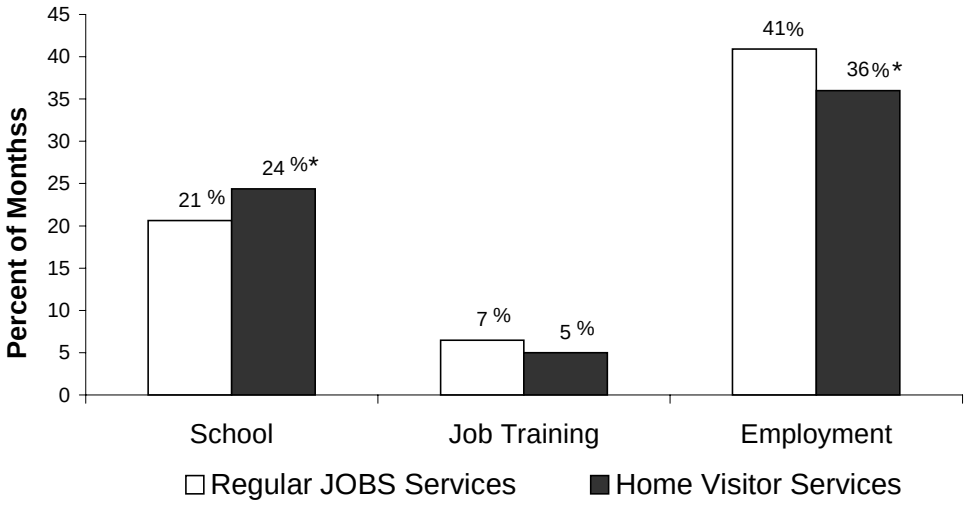
[a]Employment questions were included on the follow-up survey only for a randomly selected 75 percent of the survey sample.

[b]Impact Level represents the difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

What is different between the two groups is the allocation of their time among the three major qualifying activities. On average, as compared with their counter parts who received only regular JOBS services, those teen mothers who had home visitor services spent significantly less time in employment, roughly the same length of time in job training, and significantly more time in school (Figure IV.2).

Figure IV.2
Percent of Months Spent in School, Job Training, and Employment



Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Sanctions for Noncompliance with JOBS Participation Requirements

As noted previously, each of the demonstration states had sanctioning policies and procedures in place designed to encourage young mothers to participate in activities and to reinforce the importance of participation in activities directed toward self-sufficiency. However, states varied greatly in the enforcement of the participation requirements and the implementation of sanctions.[4] The nominal policy in Oregon offered the strongest financial incentives to participate in the JOBS program and, when required, to cooperate with home visits; Chicago's policies offered the weakest financial incentives.

Over the demonstration period, significantly higher proportions of those in the home-visitor services group as compared with those receiving only regular JOBS services experienced a sanction in which their grants were reduced (55 versus 45 percent; $p < .05$) (Table IV.1).

[4] For instance, in Oregon, a much more stringent sanctioning policy was put in place in 1996 (prior to the passage of PRWORA), under the Oregon Option Welfare Reform Waivers. The policies provided for a series of progressive sanctions with the loss of all cash benefits after four months.

Generally, the reasons for the sanctions were related to noncompliance with the JOBS activity requirements rather than noncompliance with the home visit schedule.

Perversely, the home visitors contributed to the higher sanction rate for noncompliance with JOBS through their efforts to solicit assistance from JOBS case managers in addressing clients' barriers to participation. This process tended to highlight for case managers noncompliant cases they otherwise would not have attended to. Sanction actions related to noncompliance with home visits tended to result in relatively high rates of positive responses that averted the actual imposition of a sanction.[5]

Only a few cases (less than 2 percent) had more than one distinct financial sanction action made against them, and still fewer experienced "absolute" sanctions in which the entire grant was eliminated. These full-grant sanctions typically resulted from a long duration of inactivity and noncompliance with program requirements. Over the full demonstration period, sample members were sanctioned for an average of 12 percent of the months. However, this masks the great variability in the proportion of the time young mothers had their grants reduced for noncompliance with JOBS requirements: 58 percent had no grant reduction at all, while 2 percent were sanctioned for the entire observation period (Kelsey 2000).

School Enrollment and Achievement

Because of the JOBS requirements that mothers who were under the age of 18 and had not completed high school or obtained a GED certificate were required to attend school, Adult Basic Education (ABE) programs and General Education Development (GED) courses were widely available to complement local high school services. The expectation was that, by engaging young mothers in educational activities shortly after the birth of their first child, they would be more likely to earn their high school diplomas or GED certificates and thereby increase their capacity to support their children through employment. It also was expected that encouraging and supporting those still in school when they gave birth to remain in school would increase the chances of their finishing school and more quickly being able to support themselves and their child through employment.

Providing home visitor services to the young mothers did stimulate significantly higher levels of school attendance than would have otherwise occurred. However, they did not lead to significantly higher levels of degree attainment. Whereas those offered only regular JOBS

[5]Home visitors initially were reluctant to sanction teens for noncompliance with home visits due to concern that this would reflect negatively on their own performance. With time, however, they came to view sanctioning for noncompliance with home visits as an important tool for combating the challenges of gaining cooperation from certain clients.

services attended school nearly 21 percent of the time, those in the home visitor services group spent 24 percent of the follow-up period in some type of educational program—an 18 percent increase (Table IV.2).

By the time of the follow-up survey (an average of 21 months following sample intake), somewhat higher proportions of the home-visited group had received a high school diploma (40 percent versus 35 percent; p = .13), compared with the regular JOBS services group, and slightly fewer had received a GED certificate (19 percent versus 21 percent; p = .52). Although not statistically significant by conventional standards, the higher measured rates of high school completion initially were encouraging, in light of the fact that a higher proportion of the teen

Table IV.2
School Enrollment and Educational Attainment Over the Follow-Up Period

Outcome Measure	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Any Time in School	19.4%	22.4%	3.0	15.5%	0.29
Percent of Time in School	20.6%	24.4%	3.8*	18.5%	0.09
Percent with a High School Diploma or GED	55.9%	58.4%	2.5	4.5%	0.47
Diploma	34.6%	39.7%	5.1	14.7%	0.13
GED	21.1%	19.1%	-2.0	-9.5%	0.52
Percent in School at Follow-Up	23.8%	27.3%	3.5	14.7%	0.30
Regular High School	6.0%	5.3%	-0.7	-11.7%	0.64
Percent with a High School Diploma, GED, or Still in School	61.8%	63.9%	2.1	3.4%	0.57
Number in Sample	**316**	**392**	**708**	--	

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

mothers in the home visitor services group as compared with those receiving only regular JOBS services reported being in school at the time of the follow-up survey (27 versus 24 percent). However, this school enrollment difference is neither statistically significant, nor does it reflect a difference in the proportion pursuing their high school diploma. Rather, it is due primarily to enrollment in college programs (not shown).

As noted above, we examined impacts for subgroups defined by five characteristics: (1) site, (2) age at intake, (3) period of intake, and (4) living arrangement at intake. In addition, for a select subset of outcomes, we also examined the impacts of home visitor services provided by welfare agency employees versus community service providers. The impacts on educational outcomes are concentrated in the Portland program, among those ages 18 and over, and among those who enrolled in the program after the initial start-up period (Table IV.3). The young mothers in the home visitor services group in Portland were enrolled in school 26 percent of the time, while their control group counterparts receiving only regular JOBS services were in school 18 percent of the time. The stronger results in Portland are consistent with the much stronger philosophy among the home visitor program staff in Portland, as compared with staff in Chicago and Dayton, that teenage parents should avail themselves of opportunities offered by welfare to continue their education. The ability of the Portland staff to act on this philosophy was facilitated by their close affiliations with the local community college. It is notable, however, that the Portland JOBS program did not strictly enforce the state policy requiring teenage parents to remain in school until high school graduation. This resulted in lower school attendance among Portland's regular JOBS services group than among the regular JOBS services groups in either Chicago or Dayton (18 versus 20 and 23 percent, respectively).

The reasons why the home visitor services did not increase school attendance in Chicago and Dayton likely differ. The Chicago JOBS program emphasized employment over education for welfare recipients, and the Chicago sample also had the highest overall completion rate of high school diploma, even before entering the study sample. Still, those in the home visitor services group were 14 percent more likely than their control group counterparts to have attained a high school diploma by the time of the follow-up period (a difference not statistically significant but consistent with the program's emphasis on keeping those close to completion in school) (Appendix Table H.2).

In Dayton, both the JOBS staff and the home visitor staff were highly supportive of educational activities and maintained close ties with the local high schools, alternative schools, and the community college. Moreover, for the younger teens, there was a strong statewide

policy of financial incentives to complete high school, along with financial penalties for their non-enrollment or poor performance in school.

The home visitors were primarily successful in increasing the educational pursuits of the older teens—those age 18 or older at the time they entered the study sample. Among this group, those in the home visitor services group spent an average of 14 percent of the follow-up period in school, compared with less than 11 percent of the time for those in the regular JOBS services group (Table IV.3). This is consistent with the possibility that the home visitor services led to

Table IV.3
Percent of Time in School Over the Follow-Up Period, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	22.9%	25.0%	2.1	9.2%	0.61
Dayton	20.3%	22.2%	1.9	9.4%	0.61
Portland	18.3%	26.1%	7.8**	42.6%	0.05
Age at Intake					
Under 18	49.3%	51.2%	1.9	3.9%	0.73
18 and Older	10.6%	14.4%	3.8*	35.8%	0.06
Enrollment Date					
1995	20.8%	22.6%	1.80	8.7%	0.54
January to June 1996	20.2%	27.0%	6.80*	33.7%	0.06
Living Arrangement at Enrollment					
Not with Parents	19.8%	23.9%	4.1	20.7%	0.21
With Parents	21.3%	24.8%	3.5	16.4%	0.26
Number in Sample	**316**	**392**	**708**	--	

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

gains in diploma attainment for those in the home visitor services group (40 versus 35 percent for the regular JOBS services group; $p < .13$) but not to changes in GED attainment (Table IV.2). Quite possibly, the only group for whom this type of intervention would have a significant impact on educational attainment is the group already near to completion of high school.

Later enrollees in the home visitor services group also spent significantly more time in school than did their counterparts who received only regular JOBS services (27 percent versus 20 percent; $p < .10$), and they were significantly more likely to complete high school (43 percent versus 33 percent; $p < .10$) (Table IV.3 and Appendix Table H.2, respectively). This likely reflects the strengthened emphasis on out-of-home activities by home visitors during the second and third program years, partly in response to some mid-course retraining of the home visitors to emphasize the importance of the JOBS activity requirements. It also is consistent with the message of the welfare reform proposals that gained greater media attention during the latter part of the demonstration period. Sample members reported hearing clearly the message of the 1996 presidential campaign that "welfare as we know it" was going to end.

Program impacts on educational enrollment and educational attainment were similar across service delivery settings (Appendix Table H.3). Teens who received home visiting and JOBS services, both through the welfare agency and the community-based organization, had slightly higher rates of participation in education, with impacts ranging between 2.5 and 3 percentage points (not significant).

Job Training and Employment

The overall rate of participation in job training was relatively low among the teen parents in the study sample, while participation in employment was quite common. Notably, adding paraprofessional home visitor services to the JOBS program offerings did not improve outcomes in these areas for the full study sample. Indeed, for some subgroups, the added services resulted in decreased levels of activity.

The political climate in the demonstration sites emphasized the importance of moving welfare recipients from welfare to work as quickly as possible, particularly in the second half of the program period. To promote movement off welfare, all three demonstration sites offered a range of regular JOBS services to young mothers, including job training and job placement services, transportation, child care, books, supplies, and some employment expenses. Consistent with this strong emphasis of the JOBS program on employment, roughly 80 percent of all sample

members had some employment experience during the follow-up period, and roughly 20 percent participated in some form of job training (Table IV.4).

Rather than promoting job training and employment activities, the home visitor services decreased the teen mothers' involvement in both job training and employment. Whereas 23 percent of those receiving only the regular JOBS services participated in any job training, for the group as a whole, the job training rate was 5 percentage points (22 percent) lower ($p < .10$) among those who also had home visitors (Table IV.4). Furthermore, those teen mothers who received home visitor services were employed 12 percent less of the time (36 percent of the months versus 41 percent, $p < .10$). Overall, what seems to have occurred is that the home

Table IV.4
Job Training and Employment Over the Follow-Up Period

Outcome Measure	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Job Training					
Percent in Any Job Training	23.1%	18.0%	-5.1*	-22.1%	0.09
Percent of Months in Job Training	6.5%	5.0%	-1.5	-28.7%	0.17
Employment					
Percent Employed at All	85.7%	81.4%	-4.3	-5.0%	0.21
Percent of Months Employed	40.9%	36.0%	-4.9*	-12.0%	0.09
Sample Size					
Job Training Data	316	392	708	---	
Employment Data[b]	242	290	532	---	

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.1.

[a]Impact Level represents the percentage point difference between the regular JOBS services and home visitor services group means.

[b]Employment questions were included on the follow-up survey only for a randomly selected 75 percent of the survey sample.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

visitor services resulted in a shift in the activity choices of the young mothers away from job training and employment toward education.

The unintended negative effects of the home visitor services on job training are concentrated in those sites where the training rates for the JOBS-only services group were relatively high—Dayton and Portland (Appendix Table H.4). Only 15 percent of those in the home visitor services group in Dayton engaged in job training, compared with 25 percent of their counterparts who received only regular JOBS services ($p = .08$). A difference of comparable size, though one not statistically significant (24 versus 31 percent), was observed in the Portland sample.

Similarly, the sizably lower employment rates among those in the home visitor services group were observed in those locations with relatively high employment levels among the JOBS-only services group—Chicago and Dayton. In these sites, those receiving only regular JOBS services were employed over 40 percent of the time, while their counterparts in the home visitor services groups were employed about 15 percent fewer months (Appendix Table H.5). (The site-specific employment results are not statistically significant at conventional levels.) There is no difference in the employment rates of the two service groups in Portland, where employment rates are several percentage points lower among those receiving only regular JOBS services as compared with regular JOBS service group members in Chicago and Dayton.

The negative impacts on both job training and employment are the mirror image of the education findings reported above. The impacts were concentrated among the older teen mothers, which is the group that increased its school attendance as a result of the home visitor services. They also are concentrated among the earliest enrollees whose relationships were formed with home visitors before they were retrained to underscore the importance of employment and employment-directed activities.

On average, those teen mothers in the home visitor services group who were over age 18 participated in job training 21 percent less of the time (31 versus 39 percent of the months; $p < .10$) than did their counterparts who received only regular JOBS services (Appendix Table H.4). Older teen mothers who were in the home visitor services group also were employed 14 percent less time (39 versus 46 percent of the months; $p < .10$) (Appendix Table H.5).

While positive education findings emerged for the group entering the program after the initial implementation period (after 1996), these were not offset by negative employment effects for these later enrollees (Appendix Table H.5). This is consistent with the fact that the tendency of home visitors early on to deemphasize employment-directed activities in favor of education

and other personal-improvement efforts ended following the retraining of home visitors late in the first year to emphasize program goals and guidelines and to strengthen the skills in aiding the teen mothers to establish and achieve employment goals. The response seems to have been for the home visitors to end their practice of discouraging employment in favor of education and other self-improvement goals, and to actively promote education, while not discouraging employment—a shift consistent with the changing environment nationally toward an increased focus on education and sustained employability.

There was no strong pattern of differential program impacts associated with the type of agency providing the home visitor services (Appendix Table H.3). However, the negative impacts on job training participation were concentrated among those whose home visitors were employees of the welfare agency, not among those whose home visitors worked for community-based agencies. In contrast, the teen mothers whose home visitors were employed by community agencies experienced larger decreases in their employment relative to the regular JOBS services group than did their counterparts whose home visitors worked directly for the welfare agency. One hypothesis advanced to explain the differential impacts is that the community-based workers were simply less proficient in and committed to accessing employment services for their clients, whether through JOBS or other sources.

V. IMPACTS ON INCOME SOURCES AND ECONOMIC WELL-BEING

Prior research demonstrated that mandatory JOBS-type programs could have modest impacts on the earnings of teenage parents on welfare, but that they did little to affect their overall economic well-being (Maynard et al. 1993). The benefits of the earlier programs emerged relatively early after program enrollment and persisted only as long as the mandates for participation were in effect (Kisker et al. 1998). One question for this demonstration was whether the addition of home visitor services would strengthen the earnings gains and lead to higher overall income levels. The answer is that, in general, it did not. Over the study period, the home visitor services group earned significantly more than did their regular services group counterpart. However, their overall economic well-being did not improve as their earnings gains were largely offset by reductions in public assistance support.

Income from All Sources

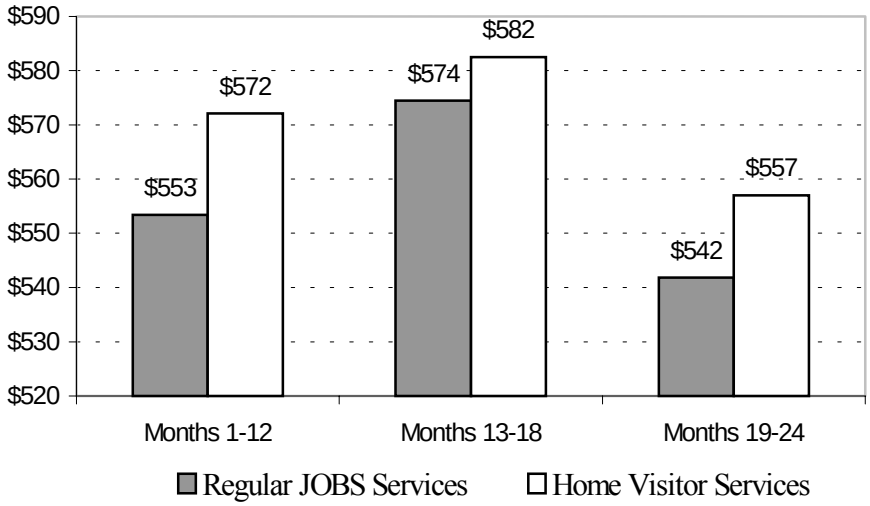
Over the study period, the average earnings, cash welfare, and food stamp income was about $550 per month for both groups of young mothers. As compared with those receiving only regular JOBS services, the home-visitor services group had modestly higher income throughout the approximately two-year study period (Figure V.1). However, none of these modest differences, which range from $19 per month in the first year to $8 per month during months 13 to 18, is statistically significant.

Contributions to Total Income, by Source

What changed over time for both the home visitor services group and those receiving only regular JOBS services was the relative contribution to income from the three sources. For both groups, earnings constituted less than one-fourth of total income during the first year following sample enrollment, but nearly half of all income (46 percent) during the second year (Figure V.2). Correspondingly, contributions to total income from cash assistance (Aid to Families with dependent Children or AFDC) and food stamps declined over time. Whereas AFDC constituted nearly half of all income during the first year following sample enrollment, its contribution declined to only 31 percent in the second year (from about $256 per month to around $170 per month). Food stamp benefits fell from a 31 percent share to only 23 percent (from about $174 per month to $128 per month). A fourth source of economic support—

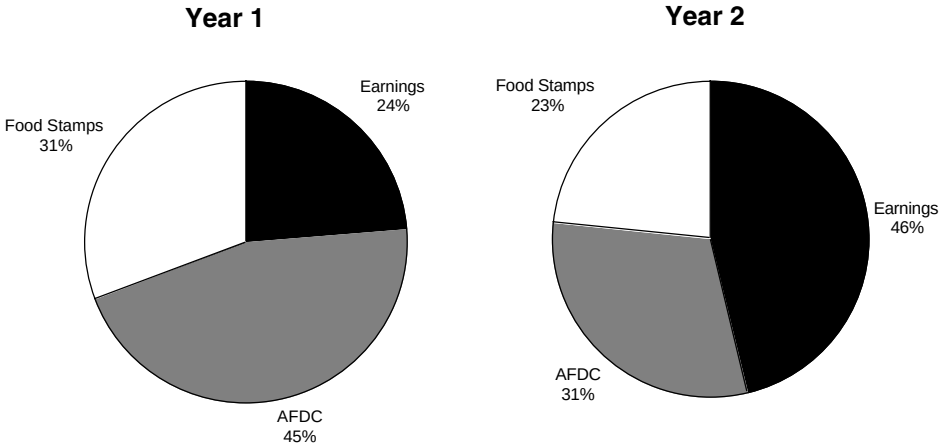
Medicaid—also declined over time. While about 85 percent of the young mothers being eligible for benefits at the start of the demonstration, only around 70 percent retained eligibility through the first year of follow-up and about 60 percent maintained their Medicaid eligibility through the end of our observation period.

Figure V.1
Average Monthly Income from Wages, Welfare, and Food Stamps, by Time Period Following Sample Enrollment



Source: Administrative records data.

Figure V.2
Income by Source for the Total Sample Over the Two Years Following Sample Enrollment



Source: Administrative records data.

The home visitor services had little effect on any of these income and support sources other than earnings. During the first year following program enrollment, average monthly earnings were significantly higher for those who received the home visitor services as compared with their regular services group counterparts ($143 versus $124 per month; p = .01) (Table V.1). While the sizeable differences in earnings between the two service groups persisted through the first half of the second year, the significance level fell (p = .12), and by the latter half of the second year, the difference had decreased to only $12 per month ($259 versus $247) and not close to statistically significant.

Table V.1
Average Monthly Earnings, AFDC Benefits, Food Stamps, and Medicaid Receipt by Months After Sample Enrollment

Months	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Earnings					
Months 1 to 12	$124	$143	$19***	15.6%	0.01
Months 13 to 18	$229	$251	$22	9.5%	0.12
Months 19 to 24	$247	$259	$12	5.0%	0.38
AFDC Benefits					
Months 1 to 12	$256	$256	$-0.37	-0.1%	0.94
Months 13 to 18	$200	$195	$-4.57	-2.3%	0.49
Months 19 to 24	$167	$171	$4.36	2.6%	0.55
Food Stamp Receipt					
Months 1 to 12	$174	$173	$-0.1	-0.2%	0.95
Months 13 to 18	$146	$137	$-9.1*	-6.6%	0.06
Months 19 to 24	$128	$127	$-1.7	-1.3%	0.75
Medicaid Benefits, Percent of Time Eligible					
Months 1 to 12	84%	84%	2.7	-1.0%	0.45
Months 13 to 18	70%	70%	-0.5	-0.8%	0.79
Months 19 to 24	62%	64%	2.2	3.4%	0.31
Number in Sample	1,210	1,035	2,236	--	--

Source: Administrative records data

Note: All estimates are regression adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

(continued)

Table V.1 (continued)

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

With one exception, cash welfare, food stamp benefits and Medicaid eligibility also were essentially identical for the home visitor services group and their regular JOBS services group counterpart (Table V.1). The exception is a small, $9 per month, lower average monthly food stamp benefit received by those who received home visitor services during months 13 through 18 following program enrollment—a difference that is significant at the .06 level. This may reflect the cumulative effect of the higher earnings over the first 18 months of program participation, or it could simply reflect a chance outcome.

Earnings Impacts, by Selected Subgroups

Earnings gains were concentrated primarily in Chicago and Dayton (see Appendix Table I.1). However, the impacts on Dayton occurred mainly in the first year. In Chicago, the home-visited group consistently earned about 18 percent more than those in the JOBS-only services group ($p < .05$). Earnings increased in Chicago for both service groups over time, and the gain in earnings for the home visitor services group relative to their regular services group counterpart increased from an average of $22 a month in the first year following enrollment to nearly $50 a month at the end of the second year. The young mothers in the Dayton home visitor services group earned an average of $30 per month more than their regular JOBS counterparts over the first year following sample enrollment. By the first half of the second year, the difference was only $22 a month and no longer statistically significant. In Portland the home visitor services affected neither employment levels nor earnings of the young mothers.

There is no clear pattern of differential impacts of the home visitor services associated with the time period of enrollment in the study sample (see Appendix Table I.2). Although, the most consistent pattern of improving impacts over time are observed for those enrolled in the first year of the demonstration—a fact that may largely reflect the fact that Chicago sample is most heavily represented in this cohort. Similarly, there are no clear patterns of differential impacts between the younger and older teen mothers or between those residing with parents versus those not (see Appendix Table I.3).

Teen mothers who received home visitor services increased their earnings as a result of this support, regardless of whether the home visitors worked for the welfare agency or for a community-based services provider. For example, whereas the earnings of those receiving

regular JOBS services averaged $124 per month during the first year, both home visitor services groups earned an average of about $150 per month. Yet, by months 19 to 24, those receiving regular JOBS services and those receiving home visitor services through the welfare agency had average earnings of about $250 per month compared with earnings of $324 per month for those with home visitor services provided through a community provider (Tables V.1 and Appendix Table I.4).

VI. IMPACTS ON SEXUAL ACTIVITY, CONTRACEPTIVE USE, FERTILITY, AND PREGNANCY OUTCOMES

One of the principal reasons for embarking on the Teenage Parent Home Visitor Services Demonstration was to address the inability of office-based case management services to adequately address the family planning needs of teenage parents on welfare. The welfare-based, mandatory Teenage Parent Welfare Demonstration programs failed to delay subsequent pregnancies among young mothers, but they did lower abortion rates (Maynard 1993). The voluntary New Chance programs offering case management and support services for teenage parents actually resulted in increases in the repeat pregnancy rates (Quint et al. 1994). In both the mandatory Teenage Parent Welfare Demonstration and the voluntary New Chance programs, more favorable impacts were observed in the sites where case management was more intensive and where the programs sent clear messages regarding the undesirability of having more children until the young mothers' lives were more settled (Maynard 1997). Demonstrations of home visitor services for teenage mothers also suggested that, at least when these services were provided by nurses who tend to be authoritative, teen parents tended to delay subsequent pregnancies and births (Olds et al. 1997).

An important question for the Teenage Parent Home Visitor Services Demonstration was whether paraprofessionals could effectively address family planning goals and services with the teenage parents on welfare in ways that would delay subsequent pregnancies and childbearing. By design, home visitors were expected to address issues of family planning during their weekly visits. Insofar as the vast majority of the young mothers in the demonstration reported having no desire to have more children any time soon, the home visitors were expected to provide advice on sound contraceptive practices, to discuss the merits of abstinence, to ensure that the young mothers had access to family planning services, and to monitor their regularity of use of contraceptives if they were sexually active. The public concern about teen and out-of-wedlock childbearing was building over the period of the demonstration and, by the passage of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (PRWORA), was reflected in legislation providing states with financial incentive payments to reduce out-of-wedlock births.

Sexual Activity

The teenage parents participating in this demonstration were in nearly universal agreement that they did not want to have more children, at least in the immediate future. Moreover, they expressed great concern about possible exposure to sexually transmitted diseases, particularly HIV/AIDS. However, refraining from sex was a choice few were willing to entertain. More than 90 percent of the young mothers, in both the home visitor services group and the control group receiving only regular JOBS services, reported being sexually active at the time of the follow-up survey, and similar proportions reported being sexually active at any time during the follow-up period (Table VI.1). Having a home visitor did nothing to change the likelihood that the young mothers were sexually active—a fact that is not surprising, given the general discomfort of many of the home visitors in talking with the teens about their sexual relations with male friends and partners (Johnson 1999).

Table VI.1
Sexual Activity Over the Follow-Up Period

Outcome Measure	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Sexually Active at Follow-Up	90.5%	92.4%	1.9	2.1%	0.39
Any Sexual Activity During Follow-Up Period	90.7%	92.6%	1.9	2.1%	0.37
Sample Size	**316**	**392**	**708**	--	--

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Contraceptive Use

Although the home-visitor services did not affect levels of sexual activity, they did alter both the level of contraceptive use among the young mothers and the choice of contraceptive

methods. Despite the conviction of the majority of the young mothers that they neither wanted more children nor wanted to contract a sexually transmitted disease, 25 percent of the home-visited group and 32 percent of the regular services control group reported using no method of protection from either pregnancy or sexually transmitted disease at last intercourse and less than one-fourth used a condom (Table VI.2). Significant percentages of the teen mothers in both groups also relied on condoms, withdrawal, or diaphragms as their only means of protection. Fewer than half of those who were sexually active reported using a birth control method with high clinical effectiveness—Norplant, Depo-Provera, or birth control pills (derived from data in Tables VI.1 and VI.2).[1]

Still, there are several positive outcomes associated with the home visitor services. First, the nearly seven-percentage point difference in contraceptive use at the time of the follow-up survey is statistically significant (Table IV.2). Second, significantly higher proportions of the young mothers in the home visitor services group than among the regular services control group reported using the highly effective contraceptives, Norplant or Depo-Provera (22 versus 16 percent; $p = .07$). Third, home-visited teen parents reported using contraception for a greater proportion of the follow-up period, compared with those receiving only regular JOBS services (77 percent of the time versus 71 percent; $p = .07$). Fourth and quite importantly, the home visitor services increased the proportion of the teenage parents who used condoms. Teen parents with home visitor services were 20 percent more likely to use condoms at any time over the follow-up period (61 versus 51 percent; $p = .01$) and 30 percent more likely to have used a condom at last intercourse (25 versus 19 percent; $p = .07$). It is important to note that the increase in condom use did not come at the expense of lower usage of highly effective contraceptive methods.

Notably, however, about 70 percent of the teen mothers in the study sample had used no means of protection from sexually transmitted diseases one or more times over the study period—68 percent of the home visited group versus 72 percent of those in the regular service control group (figures derived from Table VI.2), despite the fact that the home visitors were most comfortable discussing condoms as a means of protection from sexually transmitted disease, and succeeded in inducing significantly higher overall rates of condom use among their clients.

[1] These methods are considered clinically more effective—for example, other evidence is available that indicates that only 5 percent of women using birth control pills become pregnant within one year of first use. This compares with 19 percent of those relying on withdrawal, 20 percent of those using a diaphragm, and 14 percent of those using condoms (Hatcher et al. 1998, Table 16.2).

Table VI.2
Contraceptive and Condom Use

Outcome Measure	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Contraceptive Practices and Use at the Time of Follow-Up/Last Intercourse[b]					
Percent Using Any Form of Contraception	68.1%	74.7%	6.6*	9.7%	0.07
Passive Method (Norplant or Depo-Provera)	16.5%	22.3%	5.8*	35.2%	0.07
Birth Control Pill	18.6%	17.2%	-1.4	-7.5%	0.66
Passive Method or Birth Control Pill	35.0%	39.5%	4.5	12.9%	0.24
Condoms	18.5%	24.5%	6.0*	32.4%	0.07
Sexual Activity and Contraceptive Practices Over the Follow-Up Period					
Percent of Months Used Contraception	71.3%	76.6%	5.3	7.4%	0.07
Percent Used Contraception at All[b]	78.9%	83.0%	4.1	5.2%	0.18
Passive Method (Norplant or Depo-Provera)	41.8%	41.5%	-0.3	-0.7%	0.94
Birth Control Pill	33.2%	34.1%	0.9	2.7%	0.81
Passive Method or Birth Control Pill	66.9%	68.6%	1.7	2.5%	0.65
Condoms	50.8%	61.4%	10.6***	20.9%	0.01
Sample Size	**316**	**392**	**708**	--	--

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

[b]Multiple forms of contraception may be reported. Therefore, the total row is less than the sum of the percents reporting various methods of contraception.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

The positive, measured impacts on contraceptive and condom use were observed across all three demonstration sites, among earlier and later enrollees, and among teen mothers of

different ages (Table VI.3). However, only the largest of these measured subgroup impacts are statistically significant.

In all sites, higher proportions of the teen mothers who received home-visitor services as compared with their counterparts receiving only regular JOBS services reported using condoms. However, only the 12 to 13 percentage-point differences in Dayton and Portland were statistically significant. Similarly, a higher proportion of the teens in all three age groups who received home visitor services used condoms, although only the very large gains in condom use among those 17 and younger and those ages 19 or older at sample enrollment were statistically significant. Similarly, those who enrolled in the study sample earliest, and thus had the longest exposure to the intervention, had substantially larger gains in condom use as a result of the home-visitor services. Finally, those not living with their parents at the time of sample enrollment were most likely to increase condom use as a result of home visitor services. The pattern of impacts did not vary significantly by the type of agency delivering the home visitor services (see Appendix Table J.1).

A common characteristic of those subgroups gaining the most from home-visitor services is that, in the absence of an intervention, they were somewhat less likely than others to use condoms. This is most notable among the youngest teens in the study sample and among those not living with their parents at the time they entered the program.

With one exception, the impacts of the home visitor services on the use or Norplant and Depo-Provera seem to be distributed fairly evenly across the study sample (Appendix Table J.2). The one exception is that we observed large gains in Depo-Provera and Norplant use as a result of the home visitor services among the Chicago sample (27 versus 14 percent at follow-up; $p = .04$), a smaller and not statistically significant gain among the Dayton sample, and no change in use patterns among the Portland sample. This pattern of differential impacts across sites is consistent with the observed attitudes of the teen mothers and, to a lesser extent, that of the home visitors toward use of these forms of contraceptives. For example, teens in the Portland site expressed strong concerns about the side effects of these forms of contraception—about losing hair, missing periods, and gaining weight. Home visitors expressed a lack of confidence in their ability to combat these concerns, which are documented side effects for some users (Hatcher et al. 1998).

Table VI.3:
Condom Use Over the Follow-Up Period, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	50.9%	56.8%	5.9	11.6%	0.37
Dayton	52.9%	65.7%	12.8**	24.2%	0.04
Portland	48.5%	61.5%	13.0*	26.8%	0.06
Age Group					
Less than 18	46.6%	59.3%	12.7*	27.3%	0.06
18 Years Old	56.2%	60.8%	4.6	8.2%	0.46
Older than 18	49.3%	65.1%	15.8**	32.0%	0.03
Enrollment Date					
1995	50.0%	62.9%	12.9***	25.8%	0.01
January to June 1996	52.1%	59.3%	7.2	13.8%	0.24
Living Arrangement at Enrollment					
Not with parents	46.6%	60.2%	13.6**	29.2%	0.02
With parents	54.4%	62.5%	8.1	14.9%	0.12

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Subsequent Pregnancies, Births, and Abortions

Gains in use of both condoms and passive contraceptives had did not translate into observed delays in repeat pregnancies for mothers. Neither was there any difference in the percentage of teen mothers from either the home visitor services group or the regular JOBS services group in whether they reported having had an abortion. Slightly higher proportions of the teenage mothers in the home visitor services groups reported a pregnancy during the follow-up period (39 percent versus 34 percent), and a higher proportion gave birth (18 percent versus

13 percent) (Table VI.4). There was no difference in the proportion who reported having an abortion.[2]

There are no especially notable subgroup differences in the estimated impacts of the home visitor services on pregnancies and births, except for hints that the home visitor services may have been least successful in reducing pregnancies and births among the older teens (Appendix Tables J.3 and J.4, respectively). However, none of the point estimates of impacts is statistically significant.

Notably, the higher pregnancy rates among the home visitor services group as compared with their regular JOBS services group counterpart is due to substantially higher rates of pregnancy among those whose home visitors were employed by the welfare agency. Whereas 34 percent of both the regular JOBS services group (Table VI.4) and of the home visitor services group whose home visitors work for a community agency (Appendix Table J.1) experienced a pregnancy during the follow-up period, 42 percent of the teens whose home visitors were employed by the welfare agency were pregnant during this same time (Appendix Table J.1). This pattern of outcomes is consistent with the observation that the home visitors employed by the welfare agencies seemed to be especially uncomfortable addressing issues of sexual health and providing serious contraceptive information and support.

Table VI.4
Pregnancy and Birth Outcomes Over the Follow-Up Period

Outcome Measure	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Percent Pregnant[b]	34.4%	39.2%	4.8	14.0%	0.20
Percent Gave Birth	13.8%	18.1%	4.3	31.2%	0.12
Percent Who Had an Abortion	8.3%	9.3%	1.0	12.0%	0.65
Sample Size	**316**	**392**	**708**	**--**	**--**

(continued)

[2]Although it is likely that abortions are substantially underreported, there is no reason to expect that there would be differential underreporting to the study interviewers between those in the regular JOBS services group and those who also received home visitor services.

Table VI.4 (continued)

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact Level represents the percentage point difference between the regular JOBS services and home visitor services group means.

[b]Sixteen (16) percent of the sample members were pregnant at intake. There was no difference in the rate between the home visitor services group and the regular JOBS services group.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

VII. CONCLUSIONS AND RECOMMENDATIONS

Interest in home visiting is based largely on evidence from research on the effectiveness of nurse home visiting, and on the intuitive appeal of adult-youth relationships in promoting positive behavior—whether the adult is a professional, a mentor, or some other role model. At the time this study was launched, there was no compelling evidence of beneficial effects of lower-cost paraprofessional home visitor services programs.

The results of the Home Visitor Services Demonstration offer some evidence that this type of service can be beneficial. However, they also point to some important challenges.

Program Accomplishments

The paraprofessional home visitors (whether employed by the welfare agencies or community agencies) succeeded in changing the specific behaviors they emphasized in their meetings with the young mothers. Specifically, we observed increases in school enrollment rates throughout the demonstration period, as home visitors were comfortable from the outset encouraging and supporting education among their clients. During the early months of the demonstration, the higher rates of school enrollment were offset by correspondingly lower proportions of time in job training or employment. Only after the home visitors were retrained on the importance of promoting all forms of employment-directed activity did the negative impacts on job training and employment activities subside.

The home visitors also succeeded in changing behaviors only when their support of a particular activity was not duplicative of other efforts to achieve the same goal with their clients. For example, the school enrollment gains were limited to the two sites that did not already have a very strong emphasis on education for teenage parents. The teenage parents in Dayton, Ohio, did not increase their school enrollment as a result of the home visitor services, we suspect, in large part because the State's Learning, Earning, and Parenting (LEAP) program already offered substantial financial benefits for school enrollment and sanctions for nonenrollment or poor performance.

The home visitors services resulted in higher earnings among the teen parents, but not greater hours of employment. This suggests that the home visitors helped the young mothers access better jobs and/or increase job stability. However, the home visitors tended to be uncomfortable pushing hard on the importance of getting and keeping a job in addition to or

instead of going to school. They tended to feel much more comfortable pushing the importance of education as an avenue to long-term access to good jobs.

Perhaps the most notable accomplishment of the home visitors is their success in increasing both the proportion of the young mothers who used condoms and the regularity with which they used them. The home visitors also succeeded in guiding the young mothers toward use of the newer, passive forms of contraception—Norplant and Depo-Provera. These findings demonstrate the ability of home visitor services to address constructively the important subject of sexual health and family planning. It also suggests that, over the long-haul, the young mothers who had the home visitor services will be less likely to contract a sexually transmitted disease and less likely to experience an unwanted pregnancy. However, during the study period, we did not see a decline in pregnancies and we did not inquire about sexually transmitted diseases.

Notably, the positive impacts on condom and passive contraceptive use did not occur until after the home visitors were retrained on how to constructively approach the topic of family planning and how to address common concerns about adopting various methods of birth control. For example, many of the teenage parents initially avoided Depo-Provera for fear of losing their hair, stopping their menstrual cycle, and gaining weight. The home visitors learned techniques for sharing accurate information on the side effects of various methods of contraception, as well as the side effects of unprotected sex. They also learned to more actively counsel the young mothers in ways to work with their medical providers to address issues of side effects.

Keys to Successful Implementation

The demonstration managed to significantly impact some important intermediate behaviors—stepping stones that are necessary, though not sufficient, to control one's family planning decisions. It is possible that, with a longer time period in which to provide home visiting services and measure client behaviors, we would have seen significant effects on the ultimate objective of reducing unintended repeat pregnancies among this population of young women. From our assessment of program implementation and operations, however, we believe there were a number of important ways in which service delivery might have been strengthened even further. For those interested in replicating and, possibly, improving upon the results of the Teenage Parent Home Visitor Services Demonstration, we offer five recommendations for program design and implementation.[1]

[1]See Johnson 1999 for a more complete discussion of program implementation and operations issues.

1. **Agencies should be clear about their specific goals for clients and should design their services to continually reinforce and support those goals.**

More specifically, home visitors should be trained to help clients identify the short-term goals and milestones that are related to longer-range plans (such as high school graduation) and that can be used to closely monitor client progress on a regular, frequent basis. Clients must be supported in making steady progress toward their long-term goals by being held accountable for these short-term undertakings. One of the greatest challenges in helping teenagers attain self-sufficiency is getting them to translate perceived obstacles into meaningful short-term goals. In addition, it is important for programs to establish critical boundaries for the home visitors that define the extent—but also the limits—of their responsibilities in support of the client's goal fulfillment. In particular, paraprofessional home visitors who themselves were former welfare recipients often need considerable assistance and monitoring in defining and adhering to these boundaries.

2. **Agencies should be certain that home visitors' skills—whether preexisting or developed through training and supervision—are sufficient to meet the goals of the intervention.**

Synchronizing program goals and home visitor skills can be achieved through an adjustment: goals can be modified to match the preexisting level of home visitor skills, or agency resources can be directed to pre-service and in-service training for the development of appropriate skills. If program goals are ambitious, as was the case of this demonstration, home visitors—paraprofessional home visitors, in particular—will require comprehensive, pre- and in-service training, in addition to intensive ongoing supervision. Ongoing supervision is especially important in determining whether or not the training is being translated into effective practice with clients. In the absence of such focused support, paraprofessional home visitors are unlikely to help clients achieve sustainable behavioral changes.

3. **Pay close attention to issues of client access and trust. Mandatory compliance with the home-visiting requirement is essential to providing staff with *access* to clients; at the same time, it does not guarantee the development of a trusting relationship or adequate coverage of issues.**

Lessons from this demonstration and other employment and training programs make clear that participation requirements and expectations, backed by meaningful consequences for noncompliance, are critical to ensuring that clients engage with the intervention to some degree. Clients must clearly understand what level of cooperation will be expected of them, how their cooperation will be monitored, and what the consequences of their decisions around cooperation

will be. Even more challenging than setting participation policies for home visits and the procedures for administering the consequences of non-cooperation that ensure that visits take place, is ensuring that relationships are meaningful. Home visitors must be provided the kind of supervision and support—through observation and feedback—that will help them establish close and trusting relationships with their clients, resulting in substantive, purposeful dialogue during each visit.

4. **Attend to agency practices and procedures as you incorporate the new services into existing program operations.**

Supplemental services such as home visiting can introduce new staff, alter staffing configurations and responsibilities, and require new bureaucratic procedures, in order to support the intervention. Each of these components must be compatible with, and effectively integrated into, existing agency practices and procedures. For example, because home visiting, in large measure, is an extension of case management, the distinction in roles and responsibilities between these two staff members must be clear. Interventions that overlook this fact will promote duplication of effort and internal conflicts regarding responsibilities. Because home visiting requires the support of a timely system of sanctions for noncompliance, existing practices that may not provide the timeliness of response needed for weekly home visiting must be altered if home visitors are to be effective.

5. **Institute policies and practices that support expeditious attention by office-based staff to the client problems identified by home visitors. Otherwise much of the benefit of the quicker problem identification afforded by the home visitors is lost.**

Given the opportunity for them to observe circumstances in the home and to establish a more intimate and trusting relationship with clients, home visitors are more likely to encounter issues that pose obstacles to the attainment of a program's objectives more quickly than are office-based staff. For example, poor housing conditions or sexual abuse may surface more quickly through the relationships established with home visitors than through scheduled office-based appointments with caseworkers. Therefore, a home-visiting intervention must be poised to handle these circumstances and to provide home visitors with clear procedures for how to address them, whether it be through referrals to external service providers or to other in-house staff. These circumstances must be addressed, in order that clients receive timely assistance and that the objectives of a program are not compromised.

Looking Ahead

Although this report is based on a demonstration designed to serve teens, the observations and recommendations included here should be considered—and have relevance for—the programs designed to serve other populations. Since passage of PRWORA, expectations for mothers receiving public assistance have changed. Home visiting may be a logical component of service provision that tailors assessment and services to the unique and individual needs of clients, while enabling staff to closely monitor progress toward self-sufficiency. However, a program with this design and intent requires careful attention to every aspect of implementation. Every key element of home visiting intended in this demonstration—whether establishing a close relationship, using the relationship to prompt concrete behavioral changes, or formalizing this process within a bureaucratic social-service setting—posed its own unique set of challenges, which should not be overlooked or underestimated.

Practitioners and policymakers are encouraged to temper their expectations of success for home-visitor interventions. Because of the inherent delicacy in establishing and maintaining relationships, the myriad components needed to support these efforts, and the inertia associated with change in bureaucratic environments, those interested in establishing home-visitor services are encouraged to pay close attention to the challenges and recommendations included in this report. The challenges encountered in this demonstration mirror many of the challenges uncovered in previous, similar programmatic efforts. Still, the experiences of this demonstration provide starting points for future program planning.

REFERENCES

Benard, Bonnie. 1992. *Mentoring Programs for Urban Youth: Handle with Care*. Portland, OR: Northwest Regional Educational Laboratory.

Brooks-Gunn, J., M. McCormick, S. Shapiro, A. Benasich, and G. Black. 1994. "The Effects of Early Education Intervention on Maternal Employment, Public Assistance, and Health Insurance: The Infant Health and Development Program." *American Journal of Public Health* 84:924-931.

Byrd, Mary. 1997. "A Typology of the Potential Outcomes of Maternal-Child Home Visits: A Literature Analysis." *Public Health Nursing* 14(1):3-11.

Chapman, J. E. Siegel, and A. Cross. "Home Visitors and Child Health: Analysis of Selected Programs." Pediatrics, vol. 95, no. 6, 1990.

Darling, N.E. 1987. "The Influence of Challenging and Supportive Relationships on the Academic Achievement of Adolescents." Unpublished Master's Thesis, Cornell University.

Field, T., S. Widmayer, R. Greenberg., and S. Stoller. 1982. "Effects of Parent Training on Teenage Mothers and Their Infants." *Pediatrics* 69:703-707.

Goerge, Robert, and B.J. Lee. 1997. "Abuse and Neglect of Children." In R. Maynard (editor), Kids Having Kids, the Economic and Social Consequences of Teen Childbearing. Washington, DC: Urban Institute Press, Chapter 7.

Granger, Robert, and Rachel Cytron. 1999. "Teenage Parent Programs: A Synthesis of the Long-Term Effects of the New Chance Demonstration, Ohio's Learning, Earning, and Parenting (LEAP) Program, and the Teenage Parent Demonstration (TPD)." *Evaluation Review* 23(2).

Grogger, Jeffrey. 1997. "Incarceration-Related Costs of Early Childbearing." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, Rebecca Maynard (ed.). Washington, DC: The Urban Institute Press, pp. 231-256.

Gutelius, M., A. Kirsch, S. MacDonald, M. Brooks, T. McErlean, and C. Newcomb. 1972. "Promising Results from a Cognitive Stimulation Program in Infancy." *Clinical Pediatrics*, 11:585-593.

Gutelius, M., Kirsch, A., MacDonald, S., Brooks, M., and McErlean, T. 1977. "Controlled Study of Child Health Supervision: Behavioral Results." *Pediatrics* 60:294-304.

Hamilton, Stephen. 1991. *Unrelated Adults in Adolescents' Lives.* Western Societies Program, Occasional Paper Number 29. Ithaca: Cornell University.

Hatcher, Robert A., James Trussell, Felicia Stewart, Willare Cates, Gary Stewart, Felicia Guest, and Deborah Kowal. 1998. *Contraceptive Technology*. New York: Ardent Media, Inc.

Haveman, Robert, Barbara Wolfe, and Elaine Peterson. 1997. "Children of Early Childbearers as Young Adults." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, Rebecca Maynard (ed.). Washington, DC: The Urban Institute Press, pp. 257-284.

Honig, A.S., and J.R. Lally. 1982. "The Family Development Research Program: Retrospective Review." *Early Child Development and Care* 10:41-62.

Hotz, V. Joseph, S. McElroy, and S. Sanders. 1997. "Mothers: Effects of Early Childbearing on the Lives of the Mothers." In R. Maynard (editor), Kids Having Kids, the Economic and Social Consequences of Teen Childbearing. Washington, DC: Urban Institute Press, Chapter 3.

Johnson, Amy. 1997. "Mentoring At-Risk Youth: A Research Review and Evaluation of the Impacts of the Sponsor-A-Scholar Program on Student Performance." Doctoral Dissertation. Philadelphia: University of Pennsylvania.

Johnson, Amy. 1999. The Teenage Parent Home Visitor Services Demonstration: Providing Home Visitor Services to Teen Parents on Welfare: An Analysis of Key Implementation Features. Philadelphia, PA: University of Pennsylvania and Mathematica Policy Research, Inc.

Kelsey, Meredith. 2000. "The Role of Home Visitation in Improving Outcomes for Teenage Mothers and their Children." Doctoral Dissertation. Philadelphia: University of Pennsylvania.

Kelsey, Meredith, and Rebecca Maynard. 1999. "The Effectiveness of Paraprofessional Home Visitor Services in Mitigating Negative Consequences of Early Childbearing." Philadelphia: University of Pennsylvania.

Kisker, Ellen, Rebecca Maynard, Anu Rangarajan, and Kimberly Boller. 1998. "Moving Teenage Parents into Self-Sufficiency: Lessons from Recent Demonstrations." TPD# 7700-270. Princeton, NJ: Mathematica Policy Research, Inc.

Kitzman, H., D. Olds, C. Henderson, C. Hanks, R. Cole, R. Tatelbaum, K. McConnochie, K. Sidora, D. Luckey, D. Shaver, K. Engelhardt, D. James, and K. Barnard. 1997. "Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial." *Journal of the American Medical Association* 278:644-652.

Long, David, Judith Gueron, Robert Wood, Rebecca Fisher, and Veronica Fellerath. 1996. "LEAP: Three-Year Impacts of Ohio's Welfare Initiative to Improve School Attendance Among Teenage Parents." New York: Manpower Demonstration Research Corporation.

Maynard, Rebecca. 1993. "Building Self-Sufficiency Among Welfare-Dependent Teenage Parents: Lessons from the Teenage Parent Demonstration." TPD# 2752. Princeton, NJ: Mathematica Policy Research, Inc.

Maynard, Rebecca (editor). 1996. Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing. New York: The Robin Hood Foundation.

Maynard, Rebecca. 1997. "The Costs of Adolescent Childbearing." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, Rebecca Maynard (ed.). Washington, DC: The Urban Institute Press, pp. 257-284.

Maynard, Rebecca. 1997. "Paternalism, Child Support Enforcement, and Fragile Families." In *The New Paternalism: Supervisory Approaches to Poverty*, Lawrence Mead (ed.). Washington, DC: The Brookings Institution Press.

Maynard, Rebecca, Walter Nicholson, and Anu Rangarajan. 1993. "Breaking the Cycle of Poverty: The Effectiveness of Mandatory Services for Welfare-Dependent Teenage Parents." TPD# 2756. Princeton, NJ: Mathematica Policy Research, Inc.

McLanahan, Sara, and Gary Sandefur. 1994. *Growing Up with a Single Mom*. Cambridge, MA: Harvard University Press.

Miller, Irving. 1977. "Supervision in Social Work." In *Encyclopedia of Social Work,* 17th Issue, vol. 2. Washington, DC: National Association of Social Work, pp. 1541-1544.

Moore, Kristen, Donna Morrison, and Angela Greene. 1997. "Effects on the Children Born to Adolescent Mothers." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, Rebecca Maynard (ed.). Washington, DC: The Urban Institute Press, pp. 145-180.

National Commission to Prevent Infant Mortality. 1989. *Home Visiting: Opening Doors for America's Pregnant Women and Children.* Washington, DC: National Commission to Prevent Infant Mortality.

National Committee to Prevent Child Abuse. 1996. *Intensive Home Visitation: A Randomized Trial, Follow-up and Risk Assessment of Hawaii's Health Start Program*. Chicago: Author.

Olds, David, C. Henderson, R. Tatelbaum, and R. Chamberlin. 1988. "Improving the Life Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation." *American Journal of Public Health* 78(11):1436-1445.

Olds, David. 1992. "Home Visitation for Pregnant Women and Parents of Young Children." *American Journal of Diseases of Children* 146: 704-708.

Olds, David, and Harriet Kitzman. 1993. "Review of Research on Home Visiting for Pregnant Women and Parents of Young Children." *The Future of Children* 3 (3, Winter):53-92.

Olds, David L., John J. Eckenrode, C. Henderson, Harriet J. Kitzman, J. Powers, R. Cole, K. Sidora, P. Morris, L.M. Pettitt, and D. Luckey. 1997. "Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-Year Follow-Up of a Randomized Trial." *Journal of the American Medical Association* 278:637-643.

Olds, David L., Charles R. Henderson, Harriet J. Kitzman, John J. Eckenrode, Robert E. Cole, and Robert C. Tatelbaum. 1999. "Prenatal and Infancy Home Visitation by Nurses: Recent Findings." *The Future of Children 9* (1, Spring/Summer).

Panel on High Risk Youth, National Research Council. 1993. *Losing Generations: Adolescents in High-Risk Settings.* Washington, DC: National Academy Press.

Pettes, Dorothy. 1979. *Staff and Student Supervision.* London: George Allen & Unwin.

Pless, B. and B. Satterwhite. 1972. "Chronic Illness in Childhood: Selection, Activities and Evaluation of Non-Professional Family Counselors." *Clinical Pediatrics* 11(7):403-410.

Quint, Janet, and Judith Musick, with Joyce Ladner. 1994. *Lives of Promise, Lives of Pain.* New York: Manpower Demonstration Research Corporation.

Quint, Janet, Denise Polit, Hans Bos, and George Cave. 1994. "New Chance: Interim Findings on a Comprehensive Program for Disadvantaged Young Mothers and their Children." New York: Manpower Demonstration Research Corporation.

Ramey, C., D. Bryant, B. Wasik, J. Sparling, K. Fendt, and L. LaVange. 1992. "Infant Health and Development Program for Low Birthweight, Premature Infants: Program Elements, Family Participation, and Child Intelligence." *Pediatrics* 89:454-465.

St. Pierre, Robert G., and Jean I. Layzer. 1999. "Using Home Visits for Multiple Purpose: The Comprehensive Child Development Program." *The Future of Children 9* (1, Spring/Summer).

St. Pierre, R., B. Goodson, J. Layzer, and L. Bernstein. 1997. *National Impact Evaluation of the Comprehensive Child Development Program*. Cambridge, MA: Abt Associates.

The Future of Children. 1993. *Home Visiting*. *The Future of Children 3* (3, Winter).

The Future of Children. 1999. *Home Visiting: Recent Program Evaluations*. *The Future of Children 9* (1, Spring/Summer).

U.S. House of Representatives. 1996. *Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.* Public Law 104-193.

Wagner, M., and R. Cameto. 1994. *Intervention in Support of Adolescent Parents and Their Children: Early Findings from the Teen Parents as Teachers Demonstration.* Menlo Park, CA: SRI International.

Wagner, M., and R. Clayton. 1999. The Parents as Teachers Program: Results from Two Demonstrations. Los Altos, CA: The Future of Children, 9(1): 99-115.

Wasik, Barbara. 1993. "Staffing Issues for Home Visiting Programs." *The Future of Children* 3 (3, Winter): 140-157.

Wolfe, Barbara, and Maria Perozek. 1997. "Teen Children's Health and Health Care Use." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, Rebecca Maynard (ed.). Washington, DC: The Urban Institute Press, pp. 181-204.

Appendix A

Summary of Home Visitor Program Evaluations

Table A.1
Prior Evaluations of Home Visiting Programs

Studies	Study Design/ Sample Size[a]	Target Population	Setting	Intervention	Findings/Impacts for Mothers and Children
1. Prenatal/Early Infancy Project					
Olds, D. L., Henderson, C. R., Tatelbaum, R., & Chamberlin R. (1988). Improving the life-course development of socially disadvantaged mothers: A randomized trial of nurse home visitation. *American Journal of Public Health*, 78, 1436-1445. Olds, D.L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L.M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278, 637-643.	N = 400 Two experimental and two control groups offered varying levels of services	85% of sample were low-income, unmarried pregnant teens.	Rural community in Elmira, NY	Participants in one treatment group received home visitation by a trained nurse during pregnancy and through their child's second birthday. Nurses provided parenting education, health education, social support, service linkage, education, employment, or family planning. Participants in a second treatment group received home visitation during pregnancy only. All participants, including controls, were provided well-child care and transportation services.	<u>Mothers</u> Results were concentrated on the specific subgroup of study participants who were young, poor, and unmarried. For these women, there were significant increases in workforce participation (that surfaced after the two-year program had ended), significant reductions in the amount of time spent on welfare, and significant delays in subsequent pregnancies. At a 15-year follow-up, women in the treatment group (again, concentrated for the young, poor, and unmarried) had significantly lower levels of reported child abuse and neglect of their children. These nurse-visited women also had significantly lower rates of subsequent births and public assistance. Women in the program had significantly fewer arrests than women in the control group. <u>Children</u> Decreased cases of child abuse shown in short-term and long-term follow-up. For those mothers who were 14 to 16 years old, babies were significantly heavier at birth.

Table A.1 (continued)

Studies	Study Design/ Sample Size[a]	Target Population	Setting	Intervention	Findings/Impacts for Mothers and Children
2. Replication of the Prenatal/Early Infancy Project					
Kitzman, H., Olds, D.L., Henderson, C.R., Hanks, C., Cole, R., Tatelbaum, R., McConnochie, K.M., Sidora, K., Luckey, D.W., Shaver, D., Engelhardt, K., James, D., & Barnard, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: a randomized controlled trial. *JAMA*, *278*, 644-652.	N = 1,139 Random assignment to four treatment groups. Two of these groups received varying levels of home visitation, and two other groups received only transportation and prenatal care.	African American women less than 29 weeks pregnant with no previous births and at least two risk factors (unmarried, < 12 years of education, unemployed) 729 teens	Memphis, TN	Nurse home visits during pregnancy and until the child turned two. Home visits focused on parent education, cognitive activities with the child, creating a safe home environment, and helping mothers set goals and find solutions to problems. Mothers received an average of 7 prenatal home visits and 26 home visits from birth to age two.	Mothers Mothers receiving home visits had significantly improved HOME scores. Mothers in the treatment group also made significantly greater efforts to breastfeed, and demonstrated significantly improved knowledge of discipline, empathy, and expectations for infants. There were no program effects on mothers' education or employment. However, mothers in the home-visited groups had significantly lower rates of repeat pregnancy at the end of the study period (36% versus 47%, p = .006). Children Children in the treatment group had significantly fewer doctors' visits for injuries or ingestions.
3. Infant Health and Development Program					
Ramey, C.T., Bryant, D.M., Wasik, B.H., Sparling, J.J., Fendt, K.H., LaVange, L.M. (1992). Infant health and development program for low birthweight, premature infants: Program elements, family participation, and child intelligence. *Pediatrics*, 89, 454-465.	N = 985 Randomized controlled trial in eight sites 377 in the treatment group; 608 in the control group	Women giving birth to low birth-weight (2500g), premature (< 37 weeks) infants with no major congenital anomalies in their families	Eight clinical sites in various areas across the country	Home visits and center-based schooling targeting children's health, children's intellectual skills, and children's social interaction. Home visitors were college graduates with specialized training that also included problem-solving skills for parents.	Mothers Mothers in the treatment group were employed for significantly more months and entered the workforce sooner than those in the control group. Those mothers who were employed collected more public assistance and public health insurance than controls. No effects on education or fertility.

Table A.1 (continued)

Studies	Study Design/ Sample Size[a]	Target Population	Setting	Intervention	Findings/Impacts for Mothers and Children
Brooks-Gunn, J., McCormick, M.C., Shaprio, S. Benasich, A.A. & Black, G.W. (1994). The effects of early education intervention on maternal employment, public assistance, and health insurance: The infant health and development program. *American Journal of Public Health*, 84, 924-931.		Mothers were, on average, 25 years old and high school graduates.			Children At three years of age, children in the treatment group showed significantly higher IQ scores (as measured by the Stanford-Binet, $p < .001$). However, results disappeared after 8 years. Heavier (low birth-weight) infants benefited more from the intervention at age 3 than did the lightest infants.
4. Mobile Unit for Child Health					
Gutelius, M. F., Kirsch, A. D., MacDonald, S., Brooks, M. R., McErlean, T., & Newcomb, C. (1972). Promising results from a cognitive stimulation program in infancy. *Clinical Pediatrics*, *11*, 585-593. Gutelius, M.F., Kirsch, A.D., MacDonald, S., Brooks, M.R., & McErlean, T. (1977). Controlled study of child health supervision: Behavioral results. *Pediatrics*, 60, 294-304.	N = 95 mother infant dyads Random assignment to experimental and control groups.	Low-income, African American, unmarried first-time teen mothers with no physical or mental illness.	Washington, D.C.	Nurse practitioners (Master's degree level) provided prenatal health care, well-baby care, parenting education, infant cognitive stimulation, support and service linkage during home visits for three years following the birth of the child. Mothers received 9 visits during the first year, 7 visits during the second year, and 5 visits during the third year from the mobile coach. These visits focused on the child's health. Nurses made additional visits to the mother's home by car in between health visits.	Mothers Significantly more mothers in the experimental group than in the control group received a high school diploma at the end of three years of follow-up, and higher proportions were in school during the three years of program services and for the four years of project follow-up. Significantly more mothers in the experimental group improved their child-rearing practices. Children Children in the treatment group showed improved diets, child development, and self-confidence. They also had significantly higher IQ scores on the Stanford-Binet than their control group counterparts.

Table A.1 (continued)

Studies	Study Design/ Sample Size[a]	Target Population	Setting	Intervention	Findings/Impacts for Mothers and Children
5. Parent Training Program for Teens					
Field, T., Widmayer, S., Greenberg, R., & Stoller, S. (1982). Effects of parent training on teenage mothers and their infants. *Pediatrics*, *69*, 703-707.	N = 120 Random assignment to a control group or to one of two treatment groups: the "home visited" group or a "nursery" group (who received training and employment as nursery school teacher's aides).	Low-income, African American teen mothers and their infants Average age of 16.3	Miami, FL	Forty mothers were visited biweekly by home visitors and were taught care-giving and interaction exercises. Forty other mothers were given jobs as teacher's aides in an infant nursery that provided care for their infants and infants of medical faculty. The last 40 mothers were assigned to the control group. Psychology graduate students conducted the home visits while a training aide (teen mother in training) played with siblings (6 months of biweekly visits).	Mothers Over a two-year follow-up period, home-visited mothers fared better than mothers in the control group, but not as well as mothers in the nursery group. At one year, mothers in the nursery group were significantly less likely to be pregnant and more likely to be in school or in a training program than mothers in the home-visited group. Mothers in the home-visited group were also less likely to be pregnant and more likely to be in work or school than mothers in the control group. Children Children in both treatment groups showed significantly greater mental development and weight gains across the course of the study than did children in the control group. Effects were greater for the nursery group than for the home-visited group.
6. Teen Parents as Teachers					
Wagner, Mary, & Cameto, Renee. (1994). *Intervention in support of adolescent parents and their children: Early findings from the teen parents as teachers demonstration.* Menlo Park, CA: SRI International.	N = 717 Random assignment to one of three interventions or to a control group.	Teen parent evaluation in California	Four community-based organizations serving youth and families in and around Los Angeles, CA	Interventions designed to reduce repeat pregnancies, improve school, parenting, and child outcomes. One group of teen mothers received parenting education provided through home visits; one group of teens received comprehensive case management; and one group of	Mothers No impacts on subsequent pregnancies, no significant differences in school enrollment or completion; but the combined and case managed groups had higher rates of both than did their control group counterparts. No overall significant findings for education or training.

Table A.1 (continued)

Studies	Study Design/ Sample Size[a]	Target Population	Setting	Intervention	Findings/Impacts for Mothers and Children
				teens received the combination of parenting education and comprehensive case management. Home visitors were trained parent educators, all of whom had either completed a college degree program or who were still enrolled.	Those who were still attending high school were significantly more likely to be in job training. <u>Children</u> Significant improvements in the HOME score for those in combined and parenting education groups as compared with the control group. Children in the parenting group were more likely to have regular medical care and have seen a doctor for well-baby care.
7. Comprehensive Child Development Program					
St. Pierre, R., Goodson, B., Layzer, J., & Bernstein, L. (June 1997). *National impact evaluation of the comprehensive child development program*. Cambridge, MA: Abt Associates.	N = 4,411 families Half in the program group and half in the control group	Low-income families, including mothers with young children One-third of women had given birth to their first child as a teenager.	National. Administered by ACF and DHHS. Local grantees included universities, hospitals, public and private non-profit organizations and school districts.	Multi-focus program using intensive case management. Children in the program group received early childhood development programs, health screening, treatment, referral, and immunizations. Parents received prenatal care, education in infant and child development, health care, nutrition and parenting, referral to education, employment, counseling and vocational training, and assistance in securing income support, health care and housing. Case managers were social workers who made frequent home visits.	<u>Mothers</u> No significant findings for any of the outcomes measured on the mother (employment, income, receipt of public assistance, educational attainment). <u>Children</u> No significant findings for any of the child related outcomes (PPVT, mental scales, developmental checklist).

Table A.1 (continued)

Studies	Study Design/ Sample Size[a]	Target Population	Setting	Intervention	Findings/Impacts for Mothers and Children
8. Hawaii's Healthy Start					
National Committee to Prevent Child Abuse. (June 1996.) *Intensive home visitation: A randomized trial, follow-up and risk assessment study of Hawaii's healthy start program*. Chicago, IL: Author.	N = 304 Random assignment to a treatment or control group	Families with newborns who scored 25 or more on the Family Stress Checklist Evaluation focused on the first year of the child's life. Twenty-seven percent of sample were teen parents.	Ewa and Diamond Head service areas in Hawaii.	Paraprofessional home visiting provided weekly to families to improve maternal and child health and development, reach socially isolated families, directly model good parenting strategies, and foster parent-child interaction.	Mothers Home visited mothers demonstrated more positive parent-child interaction patterns and greater maternal involvement and sensitivity to child cues. Children Children in the home-visited group were significantly more responsive to their mothers than children in the control group.

Note: Programs were selected for review based on the following criteria: (1) used an experimental design; and measured outcomes on the mother; and (2) looking at impacts of welfare receipt, education, employment, parenting, and pregnancy.

[a]While some of these programs served more than just teen parents, the information in the table indicates the numbers or percent who were teenage mothers, where it is possible to separate them from the overall program. If the information is for the full sample, it is accordingly noted in the table. In some instances, the references cited are for the study with teen parents only or contain information for specific program impacts, and not the larger evaluation. When more than one source is used, it is noted.

Appendix B

Biweekly Home Visiting Policy

Policy for Biweekly Home Visits for Selected Clients

Clients who fit all the criteria below would be eligible for home visits every other week, rather than on a weekly basis. We assume that the supervisor and home visitor, together, will review a case thoroughly before this determination is made and that the case will continue to be closely monitored. The number of clients seen on a biweekly basis should not constitute a significant portion of any home visitor's caseload. In addition, if a client becomes pregnant, discontinues regular attendance in their JOBS component, has a breakdown in child care, faces a crisis of some sort, misses her biweekly visit more than once, or is sanctioned, she must immediately revert to a schedule of weekly home visits.

Criteria for selection to follow a schedule of biweekly visits:

- The client has been in the demonstration for at least five months;
- The client has consistently complied with the home visit schedule and has not failed to show up for a home visit without prior notification on more than two occasions;
- The client is currently enrolled and has been regularly attending school, a training program, or working for at least five months;
- The client has demonstrated ongoing responsible use of effective birth control (for example, Depo shot or birth control pill) during the past five months;
- There has been reliable child care for the baby for at least five months;
- There are no issues or situations, such as a problem with housing, difficult relationships with family or peers, or emotional or physical problems or addictions, that need to be addressed;
- Weekly visits with this client over the past five months have consistently included a focus on parenting skills.

Appendix C

Description of the Health Federation of Philadelphia

THE HEALTH FEDERATION OF PHILADELPHIA

The mission of the Health Federation of Philadelphia is to improve access to and quality of health care services, particularly primary care, for underserved and vulnerable individuals and families. The Health Federation carries out its mission through activities that enhance effective service delivery, strengthen communities, and support and coordinate the work of federally qualified health centers and other related organizations dedicated to a similar or complementary mission.

The Health Federation was incorporated in 1983 as a Pennsylvania nonprofit corporation. It serves as a consortium of Philadelphia's federally qualified community health centers (FQHCs), which include both public (Philadelphia Department of Public Health) and private primary care centers, serving approximately 150,000 individuals each year through more than 25 sites of care located in neighborhoods throughout the city. FQHCs provide multidisciplinary services to a highly diverse, low income and medically underserved population, addressing preventive and primary care needs of patients throughout the life span.

The Health Federation supports the work of community health centers and the needs of communities in a variety of ways:

1. By engaging in planning, disseminating information, representing community health interests in policy discussions, identifying opportunities to increase resources and/or decrease costs, strengthening network infrastructure, creating interagency collaborations, and implementing other coordinating and advocacy functions.

2. By developing responsive programs to address the unmet health needs of target communities and/or vulnerable populations. Current programs include services for children, youth and families, including pregnant women and infants; people with HIV/AIDS; immigrants and persons with limited English proficiency; and other minority populations. Programs are designed to reach people in clinics, in other community settings, in their schools, and in their homes.

3. By offering to providers training and technical assistance aimed at strengthening the capacity of community organizations, the skills of professional and paraprofessional health workers, and the quality of health and health-related services delivered to vulnerable population.

4. By providing management and administrative services to support effective participation in managed care by member organizations.

5. By conducting research, evaluation and data analyses to inform evidence-based practice and quality improvement in clinical, service delivery and health policy planning.

The Health Federation is funded through a variety of public and private grants and contracts, reimbursements and fees, and membership dues.

Appendix D

Curricula Table of Contents

TEEN CURRICULUM TOPICS

- Introduction
- Values, Decisions, and Goals
- Continuing Education
- Employment and Career Planning
- Money Management
- Physical Health
- Nutrition and Fitness
- Family Planning
- Avoiding STDs and AIDS
- Smoke-Free Living
- Making Choices About Alcohol
- Making Choices About Drugs
- Emotional Health
- Building Healthy Relationship
- Staying Safe
- Involving Fathers

PARENT-CHILD CURRICULUM TOPICS

1st Month:
- Relationship establishment
- Childrearing in three-generation household
- Basic baby care: Feeding
- Basic baby care: Diapering
- Basic baby care: Bathing
- Basic baby care: Sleeping
- Crying and spoiling
- Skills
- Play
- Safety

2nd Month:
- Feelings in being a parent
- Father involvement
- Skills
- Well-baby care

3rd Month:
- Differences between babies and adults
- Temperamental differences
- Skills
- Safety rules
- Preparation for child illness

4th Month:
- Importance of play
- Reading
- Skills
- Recognition of child illness

5th Month:
- Hearing and vision
- Teething and nursing-bottle syndrome
- Cold or ear infection
- Skills
- Infant seats walkers, and playpens
- Childproofing home

6th Month:
- Solid foods
- Vomiting and diarrhea
- Allergies
- Skills
- Uniqueness of baby

7th Month:
- Skills
- Safety
- Childproofing home
- New foods

8th Month:
- Preparation of mother for infant mobility
- Stranger reaction and separation anxiety
- Skills
- Accidents
- Choosing child care

9th Month:
- Sleep disruptions
- Foods to feed baby
- Self-feeding
- Skills
- First Aid

10th Month:
- Discipline and behavior
- Alternatives to yelling and hitting
- Discipline in three-generation household
- Skills
- Activities to further develop skills

11th Month:
- Living in an extended family
- Dating men
- Weaning baby from breastfeeding
- Weaning baby from bottle
- Skills
- Activities to further develop skills

12-15th Months:
- Skills
- Feeding and eating habits
- Toilet training
- Walking
- Sleep routines
- Discipline
- Dental care
- Father involvement
- Play ideas
- Uniqueness of baby

15-18th Months:
- Skills
- Baby negativism and independence
- Discipline
- Difficult behaviors
- Television
- Three-generation conflict resolution
- Play ideas
- Uniqueness of baby

Discipline:
- Teaching child how to behave
- Teaching child what mother expects

Toilet Training:
- Recognizing signs of readiness
- Toilet training: a learning task
- Toilet training: guidelines
- Appropriate reactions when accidents occur

Speech and Language Development:
- Talking and listening with baby
- Language development milestones
- Language development: ways to support and stimulate

Appendix E

Sample Action Plan

Page#_____

Action Plan

Teen_____ Home Visitor _____

Need/Goal: _____
_____

Steps to Take	Person Responsible	Resources Available	Target Date For Achievement	Results
1.				
2.				
3.				
4.				

Appendix F

Tracking Form

Tracking Form

Home Visits

Scheduled Date	Schedule Time	Completion Date	Reschedule Reason	Visit Location	Teen Topics	Parenting Topics	Other Topics

Topic Codes

Teen	Parenting	Other
Family Planning – 101	Parenting Skills – 201	TSNA - 301
Health Care: Teen – 102	Health Care: Child – 202	Action Plan - 302
Child Sup. / Paternity – 103		Referral Trip - 303
JOBS Participation – 104		Initial Visit - 304
Accessing Resources – 106		
Other: Teen – 180		

Visit Location Codes	Reschedule Reason Codes
Teen's Home – 01	Teen absence – 01
The Office – 02	Unanticipated conflict – 02
	Cancellation: Teen – 03
	Cancellation: HV – 04
Other – 08	Other – 08

Appendix G

Supporting Data and Appendix Tables for Section III: Study Sample and Analytic Approach

Table G.1
Sample Distribution by Months of Follow-Up Data, by Data Source and Site

Data Source	Site			Full Sample
	Chicago	Dayton	Portland	
Follow-Up Survey				
12 to 18 Months	18.9%	30.3%	26.0%	25.0%
19 to 24 Months	55.3%	46.5%	45.7%	49.3%
Greater than 24 Months	25.8%	23.2%	28.3%	25.7%
Average Months of Follow-Up Data	21.5	21.1	21.4	21.3
Number in Sample	**260**	**236**	**212**	**708**
Administrative Wage Data				
1 to 12 Months	2.2%	28.2%	13.2%	13.0%
13 to 18 Months	15.4%	17.8%	21.0%	17.8%
19 to 24 Months	17.9%	23.4%	28.3%	22.6%
Greater than 24 Months	54.5%	30.6%	37.5%	46.6%
Average Months of Follow-Up Data	21.6	24.0	18.6	21.6
Number in Sample	**941**	**644**	**651**	**2,236**
Administrative Welfare Benefits Data				
1 to 12 Months	4.3%	2.0%	3.8%	3.5%
13 to 18 Months	12.9%	2.1%	20.4%	12.0%
19 to 24 Months	15.8%	13.7%	24.2%	17.6%
Greater than 24 Months	67.0%	82.2%	51.6%	66.9%
Average Number of Months	25.0	27.5	23.5	25.3
Number in Sample	**998**	**648**	**653**	**2,299**

Source: Follow-up data is from the follow-up survey administered to a random sample of demonstration sample members an average of 21 months after program intake.

Note: Administrative data on wages and benefits was obtained from state records data for demonstration sample members.

Table G.2
Characteristics of the Baseline and Follow-Up Sample at Program Intake, by Service Group

	Not in Follow-Up Survey Sample	Follow-Up Survey Sample	Total Sample
Age of Respondent at Intake			
Average Age	18.3	18.2	18.2**
Percent Under Age 18	32.3	34.5	33.0
Percent 18 or Older	67.7	65.5	67.0
Race			
African American	58.4	57.8	58.2
White	35.2	37.8	36.0
Hispanic and Other	6.4	4.4	5.8
Education at Intake			
Average Years Completed	10.5	10.5	10.5
Percent with 10th Grade or Less	47.1	45.7	46.7
Percent with 11th Grade	25.9	29.1	26.9
Percent with 12th Grade	23.2	22.5	23.0
Percent with GED	7.7	6.5	7.3
Living Arrangements at Intake	***Significant Difference at .01 level		
Percent Living Alone	17.2	15.4	16.6
Percent Living with Parent(s)	47.1	54.9	49.5
Percent Living with Grandparent(s)	9.1	6.3	8.2
Age of Respondent at First Birth			
Average Age	17.6	17.6	17.6
Percent Less Than 17	33.2	31.1	32.5
Percent 17 to 18	22.2	25.6	23.3
Percent 18 to 19	44.7	43.0	44.2
Age of Youngest Child at Intake			
Average Age of Child in Months	7.4	6.0	7.0**
Age of Youngest Child at Intake	**Significant Difference at .05 level		
Percent Pregnant at Intake	19.2	17.3	18.6
Percent Less Than 1 Year	67.3	71.9	68.7
Percent 1 to 2 Years	8.5	8.0	8.3
Percent Greater Than 2 Years	5.0	2.8	4.3

Table G.2 (continued)

	Not in Follow-Up Survey Sample	Follow-Up Survey Sample	Total Sample
Age of Respondent's Mother at First Birth			
Percent Under Age 18	33.4	34.6	34.1
Percent 18 to 19	29.7	29.6	29.6
Percent 20 or Older	36.4	35.9	36.2
Respondent's Mother's Education	***Significant Difference at .01 level		
Percent Don't Know	22.2	13.7	19.6
Percent Dropout	19.1	21.5	19.8
Percent with High School Diploma or GED	33.8	35.3	34.3
Percent with Some College	24.8	29.5	26.2
Welfare Receipts as a Child			
Percent None of the Time	28.0	29.9	28.6
Percent Some of the Time[a]	36.5	35.1	36.1
Percent Most or All of the Time	10.7	11.6	11.0
Percent Missing	24.7	23.4	24.3
Percent None	29.6	31.5	30.1
Time in a Single Parent Home			
Percent Some of the Time	34.9	33.7	34.6
Percent Most or All of the Time	35.5	34.8	35.3
Number of Siblings	*Significant Difference at.10 level		
Percent with None	8.1	7.1	7.8
Percent with 1 or 2	45.0	48.0	45.9
Percent with 3 or 4	27.1	29.1	27.7
Percent with 4 or More	19.9	15.8	18.6
Average Number of Siblings	3.0	2.8	2.9
Current Activities and Status			
Percent Employed at Intake	8.3	10.0	8.9
School Enrollment			
Percent in ABE or GED Program[b]	10.1	4.9	8.5
Percent in Regular School Program	23.0	30.3	25.3
Percent in Postsecondary School	9.7	7.9	9.1
Percent with Work-Limiting Health Condition	18.1	22.0	19.3**
Number in Sample	**1,688**	**708[c]**	**2,396**

Source: Baseline information forms completed by the demonstration sample members, usually in a group setting, at the time of intake.

Notes: Chi-square tests were used to test the significance of differences between the home-visited and JOBS-only groups in the distributional characteristics. Significant differences are noted by

Table G.2 (continued)

asterisks centered above the distribution for each group. T-tests were used to test the significance of differences between the two groups in other characteristics. Significant differences are noted by asterisks following the characteristic for the home-visited group.

[a] "Some of the time" refers to two years or less.

[b] ABE refers to Adult Basic Education program and GED refers to General Education Development preparation program.

[c] A total of 975 sample members were in the original follow-up survey sample. Seventy-three (73) percent completed the survey. Of those completing the survey only a randomly selected 75 percent were asked detailed questions about employment and job training.

* Statistically significant at .10 level/p<.10.
** Statistically significant at .05 level/p<.05.
*** Statistically significant at .01 level/p<.01.

Table G.3
Characteristics of the Baseline Sample at Program Intake, by Service Group

	JOBS Services Only[a]	JOBS plus Home Visitor Services	Total Sample
Age of Respondent at Intake			
Average Age	18.2	18.3	18.2
Percent Under Age 18	32.8	33.2	33.0
Percent 18 or Older	67.2	66.8	67.0
Race			
African American	60.0	56.0	58.2
White	34.7	37.6	36.0
Hispanic and Other	5.3	6.4	5.8
Education at Intake			
Average Years Completed	10.5	10.4	10.5**
Highest Grade	****Significant Difference at .05 level**		
Percent with 10th Grade or Less	44.3	49.5	46.7
Percent with 11th Grade	27.5	26.2	26.9
Percent with 12th Grade	24.1	21.8	23.0
Percent with GED	6.9	7.8	7.3
Living Arrangements at Intake			
Percent Living Alone	16.7	16.5	16.6
Percent Living with Parent(s)	48.8	50.4	49.5
Percent Living with Grandparent(s)	8.2	8.2	8.2
Age of Respondent at First Birth			
Average Age	17.6	17.6	17.6
Percent Younger than 17	33.8	31.1	32.5
Percent 17 to 18	23.0	23.7	23.3
Percent18 to 19	43.2	45.2	44.2
Age of Youngest Child at Intake			
Pregnant at Intake	20.0	16.9	18.6
Percent Less than 1 Year	67.3	70.3	68.7
Percent 1 to 2 Years	8.5	8.1	8.3
Percent Greater Than 2 Years	4.1	4.6	4.3
Average Age of Child in Months	7.1	6.9	7.0

Table G.3 (continued)

	JOBS Services Only[a]	JOBS plus Home Visitor Services	Total Sample
Age of Respondent's Mother at First Birth			
Percent Under Age 18	34.4	33.8	34.1
Percent 18 to 19	28.2	31.3	29.6
Percent 20 or Older	37.3	34.9	36.2
Respondent's Mother's Education			
Percent Don't Know	20.1	19.1	19.6
Percent Dropout	18.8	21.1	19.8
Percent with High School Diploma or GED	34.5	34.1	34.3
Percent with Some College	26.6	25.8	26.2
Welfare Receipts as a Child			
Percent None of the Time	28.8	28.0	28.4
Percent Some of the Time[b]	36.8	36.8	36.9
Percent Most or All of the Time	10.3	11.7	10.9
Percent Missing	24.1	23.4	23.8
Time in a Single Parent Home	****Significant Difference at .05 level**		
Percent None	29.0	31.5	30.1
Percent Some of the Time	35.9	30.6	33.6
Percent Most or All of the Time	33.7	37.2	35.3
Number of Siblings	*****Significant Difference at .01 level**		
Percent with None	6.5	9.3	7.8
Percent with 1 or 2	44.5	47.5	45.9
Percent with 3 or 4	28.7	26.6	27.7
Percent with 4 or More	20.3	16.7	18.6
Average Number of Siblings	3.0	2.8*	2.9
Current Activities and Status			
Percent Employed at Intake	8.4	9.4	8.9
Percent in ABE or GED Program[c]	7.8	9.3	8.5
Percent in Regular School Program	25.2	25.3	25.3
Percent in Postsecondary School	9.8	8.4	9.1
Percent with Work-Limiting Health Condition	17.4	21.6	19.3**
Number in Sample	**1,292**	**1,104**	**2,396**

Source: Baseline information forms completed by the demonstration sample members, usually in a group setting, at the time of intake.

Notes: Chi-square tests were used to test the significance of differences between the home-visited and JOBS-only groups in the distributional characteristics. Significant differences are noted by asterisks centered above the distribution for each group. T-tests were used to test the significance

Table G.3 (continued)

of differences between the two groups in other characteristics. Significant differences are noted by asterisks following the characteristic for the home-visited group.

[a]JOBS refers to the Job Opportunities and Basic Skills training program that was initiated under the Family Support Act of 1988.

[b]"Some of the time" refers to two years or less.

[c]ABE refers to Adult Basic Education program and GED refers to General Education Development preparation program.

* Statistically significant at .10 level/p<.10.
** Statistically significant at .05 level/p<.05.
*** Statistically significant at .01 level/p<.01.

Table G.4
Characteristics of the Follow-Up Survey Sample at Program Intake, by Service Group

	JOBS Services Only[a]	JOBS plus Home Visitor Services	Total Sample
Age of Respondent at Intake			
Average Age	18.1	18.2	18.2
Percent Under Age 18	35.6	33.3	34.5
Percent 18 or Older	64.1	66.7	65.5
Race		*Significant Difference at .10 level	
African American	59.7	56.2	57.8
White	37.7	37.8	37.8
Hispanic and Other	2.6	6.0	4.4
Education at Intake			
Average Years Completed	10.4	10.5	10.5
Percent with 10th Grade or Less	48.1	43.7	45.7
Percent with 11th Grade	28.7	29.4	29.1
Percent with 12th Grade	21.4	23.5	22.5
Percent with GED	5.4	7.3	6.5
Living Arrangements at Intake			
Percent Living Alone	15.5	15.4	15.4
Percent Living with Parent(s)	53.4	56.2	54.9
Percent Living with Grandparent(s)	6.2	6.4	6.3
Age of Respondent at First Birth			
Average Age	17.5	17.6	17.6
Percent Age			
Less Than 17	35.0	28.0	31.1
17 to 18	26.6	25.2	25.9
18 to 19	38.4	46.8	43.0
Age of Youngest Child at Intake			
Percent Pregnant at Intake	17.3	17.2	17.3
Percent Less than 1 Year	69.4	74.0	72.0
Percent 1 to 2 Years	9.8	6.5	8.0
Percent Greater than 2 Years	3.4	2.3	2.8
Average Age of Child in Months	6.7	5.5	6.0**

Table G.4 (continued)

	JOBS Services Only[a]	JOBS plus Home Visitor Services	Total Sample
Age of Respondent's Mother at First Birth			
Percent Under Age 18	34.3	34.8	34.6
Percent 18 to 19	28.4	30.6	29.6
Percent 20 or Older	37.4	34.6	35.9
Respondent's Mother's Education			
Percent Don't Know	13.5	13.8	13.7
Percent Dropout	20.4	22.5	21.5
Percent with High School Diploma or GED	34.5	35.7	35.3
Percent with Some College	31.3	28.1	29.5
Welfare Receipts as a Child			
Percent None of the Time	30.1	29.7	29.9
Percent Some of the Time[b]	35.5	34.9	35.1
Percent Most or All of the Time	11.1	12.0	11.6
Percent Missing	23.4	23.4	23.4
Time in a Single Parent Home			
Percent None	30.2	32.5	31.5
Percent Some of the Time	35.0	32.7	33.7
Percent Most or All of the Time	34.8	34.9	34.8
Number of Siblings			
Percent with None	5.4	8.6	7.1
Percent with 1 or 2	48.6	47.5	48.0
Percent with 3 or 4	29.5	28.7	29.1
Percent with 4 or More	16.6	15.2	15.8
Average Number of Siblings	2.8	2.8	2.8
Current Activities and Status			
Percent Employed at Intake	10.0	10.0	10.0
Percent in ABE or GED Program[c]	5.3	4.7	4.9
Percent in Regular School Program	31.0	29.7	30.3
Percent in Postsecondary School	6.4	9.2	7.9
Percent with Work-limiting Health Condition	20.8	23.0	22.0
Number in Sample	**316**	**392**	**708**

Source: Baseline information forms completed by the demonstration sample members, usually in a group setting, at the time of intake.

Notes: Chi-square tests were used to test the significance of differences between the home-visited and JOBS-only groups in the distributional characteristics. Significant differences are noted by asterisks centered above the distribution for each group. T-tests were used to test the significance

Table G.4 (continued)

of differences between the two groups in other characteristics. Significant differences are noted by asterisks following the characteristic for the home visited group.

[a]JOBS refers to the Job Opportunities and Basic Skills training program that was initiated under the Family Support Act of 1988.

[b]"Some of the time" refers to two years or less, OR more than two years but not always.

[c]ABE refers to Adult Basic Education program and GED refers to General Education Development preparation program.

* Statistically significant at .10 level/p<.10.
** Statistically significant at .05 level/p<.05.
*** Statistically significant at .01 level/p<.01.

Table G.5
Means and Standard Deviations of Control Variables

	Follow-Up Survey			Wage Records			Welfare Data		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
Age Less than 16 (omitted)	—	—	—	—	—	—	—	—	—
Age 16 or 17	708	0.27	0.44	2,236	0.26	0.44	2,299	0.26	0.44
Age 18 or Over	708	0.66	0.48	2,236	0.67	0.47	2,299	0.67	0.47
Enrolled 1995 (omitted)	—	—	—	—	—	—	—	—	—
Enrolled January to June 1996	708	0.41	0.49	2,236	0.29	0.45	2,299	0.28	0.45
Enrolled After June 1996	—	—	—	2,236	0.26	0.44	2,299	0.28	0.45
Race: White	—	—	—	—	—	—	—	—	—
Race: Black	705	0.58	0.49	2,219	0.59	0.49	2,282	0.60	0.49
Race: Hispanic	705	0.04	0.21	2,219	0.05	0.23	2,282	0.05	0.23
Teen Pregnant at Intake (omitted)	—	—	—	—	—	—	—	—	—
Child Less than 6 Months	708	0.58	0.49	2,236	0.53	0.50	2,299	0.53	0.50
Child 6 to12 Months	708	0.14	0.35	2,236	0.16	0.37	2,299	0.16	0.37
Child Over One Year	708	0.11	0.31	2,236	0.12	0.33	2,299	0.12	0.33
Living with Parent	708	0.53	0.50	2,236	0.48	0.50	2,299	0.48	0.50
Living Alone	708	0.15	0.36	2,236	0.17	0.37	2,299	0.17	0.37
Employed at Baseline	690	0.10	0.30	2,186	0.09	0.28	2,247	.09	.28
GED at Baseline	708	0.06	0.23	2,236	0.06	0.25	2,299	0.06	0.25
Diploma at Baseline	708	0.24	0.43	2,236	0.25	0.43	2,299	0.25	0.44
Not Enrolled in School at Baseline (omitted)	—	—	—	—	—	—	—	—	—
Enrolled in Elementary/Secondary School	699	0.30	0.46	2,193	0.26	0.44	2,255	0.25	0.44
Enrolled in GED	699	0.05	0.22	2,193	0.09	0.28	2,255	0.08	0.28

Table G.5 (continued)

	Follow-Up Survey			Wage Records			Welfare Data		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
Enrolled in College	699	0.08	0.27	2,193	0.09	0.29	2,255	0.09	0.29
Did Not Know Mother's Education (omitted)	—	—	—	—	—	—	—	—	—
Teen's Mom Dropped Out of High School	684	0.22	0.41	2,189	0.20	0.40	2,252	0.20	0.40
Teen's Mom Graduated High School	684	0.65	0.48	2,189	0.61	0.49	2,252	0.61	0.49
Work Limiting Condition	708	0.18	0.39	2,236	0.16	0.37	2,299	0.16	0.37
Family Not on Welfare (omitted)	—	—	—	—	—	—	—	—	—
Family on Welfare as a Child	708	0.47	0.50	2,236	0.47	0.50	2,299	0.47	0.50
On Welfare – Missing	708	0.23	0.42	2,236	0.24	0.43	2,299	0.24	0.43
Mom Was Over 20 (omitted)	—	—	—	—	—	—	—	—	—
Born to a Teen Mom	693	0.60	0.49	2,204	0.59	0.49	2,266	0.59	0.49
Did Not Know Mother's Age	693	0.07	0.25	2,204	0.08	0.26	2,266	0.08	0.27
Number of Siblings	697	1.53	0.84	2,202	1.58	0.88	2,265	1.58	0.88
Site: Chicago (omitted)	—	—	—	—	—	—	—	—	—
Site: Dayton	708	0.33	0.50	2,236	0.29	0.45	2,299	0.28	0.45
Site: Portland	708	0.30	0.46	2,236	0.29	0.45	2,299	0.28	0.45
Spent Most of the Time Growing Up in a Single-Parent Family (omitted)	—	—	—	—	—	—	—	—	—
Spent Some Time Growing Up in a Single-Parent Family	673	0.33	0.47	2,135	0.34	.047 ***OR 0.47??***	2,196	0.34	0.48
Spent No Time Growing Up in a Single-Parent Family	673	0.32	..47	2,135	0.31	0.46	2,196	0.31	0.46
Received Home Visiting	708	0.55	0.50	2,236	0.46	0.50	2,299	0.46	0.50

Source: Basic information forms completed by demonstration sample members, usually in a group setting at the time of program intake.

Table G.6
Sample Sizes, by Selected Subgroups and Data Source

Sample Subgroups	Follow-Up Survey		Wage Records		Welfare Data	
	Service Group		Service Group		Service Group	
	Regular JOBS	Home Visitor	Regular JOBS	Home Visitor	Regular JOBS	Home Visitor
Site						
Chicago	110	134	573	349	609	377
Dayton	112	129	308	345	307	345
Portland	94	129	320	341	320	341
Age of Respondent						
Under 18	114	135	385	344	394	351
18 or older	202	257	816	691	842	712
Intake Date						
Enrolled before 1996	186	237	504	472	731	591
Enrolled Jan - June 1996	130	155	697	563	505	472
Living Arrangements						
Not living with parents	154	187	635	532	653	546
Living with parents	162	205	566	503	583	517

Appendix H

Supporting Data and Appendix Tables for Section IV: Impacts of Out-of-Home Activities

Table H.1
Average Number of Completed Home Visits,by Site, Administrative Agency, and Months After Sample Enrollment

Months After Enrollment	Overall		Chicago		Dayton		Portland	
	Welfare Agency	Community Agency	Welfare Agency	Community Agency	Welfare Agency	Community Agency	Welfare Agency	Community Agency
Monthly Average Number of Completed Home Visits per Client								
6 months	1.47	1.32	1.57	.96***	1.53	1.53	1.31	1.43
12 months	1.12	.99	1.23	.81***	1.20	.98	.90	1.20 *
18 months	.86	.73	.98	.81	1.07	.55***	.33	.87 ***
24 months	.48	.63	.43	.80*	.73	.56	.27	.47
Sample Sizes								
6 months	710	335	267	101	219	117	224	117
12 months	586	290	223	95	194	108	169	87
18 months	426	223	179	90	145	80	102	53
24 months	231	120	105	49	70	41	56	30

Source: Baseline Forms completed by the demonstration sample members, usually in a group setting, at the time of intake.

* Significant difference between streams at .10 level/p<.10.
** Significant difference between streams at .05 level/p<.05.
*** Significant difference between streams at .10 level/p<.01.

Table H.2
High School Diploma, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	46.2%	52.6%	6.4	13.9%	0.29
Dayton	33.6%	35.9%	2.3	6.8%	0.69
Portland	21.7%	28.6%	6.9	31.8%	0.24
Age at Intake					
Under 18	9.1%	12.0%	2.9	31.9%	0.26
18 and Older	54.1%	58.3%	4.1	7.8%	0.29
Enrollment Date					
1995	35.4%	37.6%	2.20	6.2%	0.62
January to June 1996	33.3%	42.9%	9.60*	28.8%	0.08
Living Arrangement at Enrollment					
Not with Parents	22.8%	38.2%	15.4***	67.5%	0.00
With Parents	44.5%	40.9%	-3.6	-8.1%	0.45
Number in Sample	**316**	**392**	**768**	--	

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table H.3
Education, Job Training, and Employment, by Type of Agency Employing Home Visitors (Home Visitors Services Group Only)

	Welfare Agency	Community Agency	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Percentage of Time in School	23.1%	22.7%	-0.4	-1.9%	0.78
Any Job Training	15.8%	23.6%	7.8*	49.4%	0.07
Percent of Time Employed	39.3%	35.3%	-3.9	-10.0%	0.36

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact Level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table H.4
Any Job Training Over the Follow-Up Period, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	15.1%	15.3%	0.2	1.3%	0.97
Dayton	24.8%	15.4%	-9.4*	-37.9%	0.08
Portland	31.4%	24.2%	-7.2	-22.9%	0.25
Age Group					
Under 18	7.0%	7.6%	0.6	8.6%	0.84
18 and Older	38.7%	30.5%	-8.2*	-21.2%	0.06
Enrollment Date					
1995	21.1%	19.1%	-2.0	-9.5%	0.61
January to June 1996	26.6%	16.5%	-10.1**	-38.0%	0.04
Living Arrangement at Enrollment					
Not with Parents	18.7%	14.5%	-4.2	-22.5%	0.30
With Parents	27.5%	21.5%	-6.0	-21.8%	0.19
Number in Sample	**316**	**392**	**708**	--	

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table H.5
Percent of Time Employed Over the Follow-Up Period, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	40.9%	34.1%	-6.8	-16.6%	0.18
Dayton	43.7%	37.5%	-6.2	-14.2%	0.19
Portland	37.4%	36.5%	-0.9	-2.4%	0.86
Age Group					
Under 18	32.3%	30.3%	-2.0	-6.2%	0.66
18 and Older	45.5%	39.2%	-6.3*	-13.8%	0.08
Enrollment Date					
1995	43.9%	36.2%	-7.7**	-17.5%	0.03
January to June 1996	35.2%	37.1%	1.9	5.4%	0.72
Living Arrangement at Enrollment					
Not with Parents	39.5%	35.4%	-4.1	-10.4%	0.32
With Parents	42.0%	36.6%	-5.4	-12.9%	0.18
Number in Sample	**242**	**390**	**532**	--	

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Appendix I

Supporting Data and Appendix Tables for Section V: Impacts on Income Sources and Economic Well-Being

Table I.1
Average Monthly Earnings, by Site

Administrative Wage Sample	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Chicago					
Months 1 to 12	$107.55	$129.71	$22.16**	17.1%	0.04
Months 13 to 18	$197.36	$241.75	$44.39**	18.4%	0.03
Months 19 to 24	$210.91	$260.15	$49.24**	18.9%	0.03
Dayton					
Months 1 to 12	$136.10	$166.51	$30.41**	18.3%	0.03
Months 13 to 18	$258.41	$280.79	$22.38	8.0%	0.42
Months 19 to 24	$296.92	$287.45	$-9.47	-3.3%	0.77
Portland					
Months 1 to 12	$134.00	$138.10	$4.10	3.0%	0.76
Months 13 to 18	$249.97	$234.29	$-15.68	-6.7%	0.56
Months 19 to 24	$264.94	$230.97	$-33.97	-14.7%	0.28
Number in Sample	**1,210**	**1,035**	**2,236**	--	

Source: Administrative records data for the full administrative sample.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table I.2
Average Monthly Earnings, by Enrollment Date

Wage Sample	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Enrolled in 1995					
Months 1 to 12	$109.61	$126.21	$16.60*	13.2%	0.10
Months 13 to 18	$213.07	$238.60	$25.53	10.7%	0.19
Months 19 to 24	$264.00	$300.49	$36.49*	12.1%	0.10
Enrolled January to June 1996					
Months 1 to 12	$126.91	$144.08	$17.17	11.9%	0.21
Months 13 to 18	$238.23	$253.18	$14.95	5.9%	0.55
Months 19 to 24	$328.26	$302.53	$-25.73	-8.5%	0.40
Enrolled After June 1996					
Months 1 to 12	$144.11	$170.96	$26.85*	15.7%	0.08
Months 13 to 18	$246.36	$268.58	$22.22	8.3%	0.49
Months 19 to 24	$129.82	$141.04	$11.22	8.0%	0.84

Source: Administrative records data for the full administrative sample.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table I.3
Average Monthly Earnings, by Selected Subgroups

Administrative Records Sample	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Age Group					
Under 18					
Months 1 to 12	$62.74	$69.60	$6.86	9.9%	0.41
Months 13 to 18	$143.92	$168.24	$24.32	14.5%	0.21
Months 19 to 24	$178.86	$187.07	$8.21	4.4%	0.73
Over 18					
Months 1 to 12	$158.87	$186.04	$27.17***	14.6%	0.01
Months 13 to 18	$271.28	$290.61	$19.33	6.7%	0.31
Months 19 to 24	$280.04	$294.62	$14.58	4.9%	0.49
Living Arrangement at Intake					
With Parents					
Months 1 to 12	$119.07	$140.24	$21.17**	15.1%	0.04
Months 13 to 18	$228.12	$251.31	$23.19	9.2%	0.25
Months 19 to 24	$271.76	$243.34	$-28.42	-11.7%	0.21
Not With Parents					
Months 1 to 12	$127.83	$145.46	$17.63*	12.1%	0.08
Months 13 to 18	$229.71	$249.92	$20.21	8.1%	0.31
Months 19 to 24	$222.86	$275.15	$52.29**	19.0%	0.02

Source: Administrative records data.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at .10 level/p<.10.
** Statistically significant at .05 level/p<.05.
*** Statistically significant at .01 level/p<.01.

Table I.4
Monthly Earnings, by Type of Agency Employing Home Visitors (Home Visitor Services Groups Only)

Reference Period	Welfare Agency	Community Agency	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Months 1 to 12	$146.99	$150.87	$3.88	2.6%	0.81
Months 13 to 18	$251.08	$247.29	$-3.79	-1.5%	0.84
Months 19 to 24	$235.39	$323.88	$88.49***	37.6%	0.01

Source: Administrative records data.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

[a]Impact level represents the percentage point difference between those receiving home visitor services through the welfare agency or through a community agency.

* Statistically significant at .10 level/p<.10.
** Statistically significant at .05 level/p<.05.
*** Statistically significant at .01 level/p<.01.

Appendix J

Supporting Data and Appendix Tables for Section VI: Impacts on Contraceptive Practices, Fertility, and Abortion

Table J.1
Condom Use, Pregnancies, and Births Over the Follow-Up Period, by Type of Agency Employing Home Visitors

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Percent Used Condoms	61.9%	59.1%	-2.8	-4.5%	0.59
Percent Any Pregnancy	41.7%	33.6%	-8.1	-19.4%	0.14
Percent Any Birth	18.0%	17.6%	-0.4	-2.1%	0.93

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

Sixteen (16) percent of the sample members were pregnant at intake—16.0 percent of the home visited group and 15.5 percent of the regular services group.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table J.2
Use of Norplant or Depo-Provera at the Time of Follow-Up, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	14.4%	27.4%	13.0**	90.4%	0.04
Dayton	20.1%	25.2%	5.1	25.4%	0.35
Portland	17.2%	18.2%	-1.0	-5.8%	0.84
Age Group					
Less than 18	15.9%	21.9%	6.0	37.7%	0.23
18 Years Old	18.9%	23.8%	4.9	20.6%	0.37
Older than 18	19.5 %	22.7%	3.2	16.4%	0.63
Enrollment Date					
1995	17.0%	23.6%	6.6	38.8%	0.12
January to June 1996	19.0%	22.2%	3.2	16.8%	0.54
Living Arrangement at Enrollment					
Not with Parents	19.2%	23.5%	4.3	22.4%	0.38
With Parents	16.7%	22.6%	5.9	35.3%	0.17

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

Sixteen (16) percent of the sample members were pregnant at intake—16.0 percent of the home visited group and 15.5 percent of the regular services group.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table J.3
Pregnancies Over the Follow-Up Period, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	35.3%	40.8%	5.5	15.6%	0.40
Dayton	27.8%	34.4%	6.6	23.7%	0.27
Portland	41.4%	43.1%	1.7	4.1%	0.80
Age Group					
Less than 18	35.1%	33.7%	-1.4	-4.0%	.82
18 Years Old	36.2%	45.2%	9.0	24.9%	.15
Older than 18	30.6 %	37.7%	7.1	23.2%	.31
Enrollment Date					
1995	39.3%	46.9%	7.6	19.3%	0.13
January to June 1996	27.3%	27.9%	0.6	2.2%	0.91
Living Arrangement at Enrollment					
Not with parents	32.9%	39.5%	6.6	20.1%	0.23
With parents	35.7%	38.9%	3.2	9.0%	0.53

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

Sixteen (16) percent of the sample members were pregnant at intake—16.0 percent of the home visited group and 15.5 percent of the regular services group.

[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

* Statistically significant at the .10 level/p<.10.
** Statistically significant at the .05 level/p<.05.

Table J.4
Births Over the Follow-Up Period, by Selected Subgroups

Program Subgroup	Regular JOBS Services Group Mean	Home Visitor Services Group Mean	Estimated Program Impact		
			Impact Level[a]	Percent Change	p-value
Site					
Chicago	14.7%	21.2%	6.5	44.2%	0.20
Dayton	15.7%	17.3%	1.6	10.2%	0.74
Portland	10.2%	15.7%	5.5	53.9%	0.25
Age Group					
Less than 18	12.1%	18.1%	6.0	49.6%	0.19
18	14.7%	20.9%	6.2	42.2%	0.22
Older than 18	13.9%	15.2%	1.3	9.4%	0.80
Enrollment Date					
1995	19.1%	23.1%	4.0	20.9%	0.33
January to June 1996	6.3%	11.0%	4.7	74.6%	0.18
Living Arrangement at Enrollment					
Not with Parents	13.0%	18.6%	5.6	43.1%	0.19
With Parents	14.3%	17.8%	3.5	24.5%	0.37

Source: Follow-up surveys administered to sample members between 14 and 27 months after sample enrollment. The average elapsed time between sample enrollment was 21 months. Only 5 percent of the follow-up sample completed the survey less than 15 months after intake; 70 percent completed the survey between 16 and 24 months after enrollment; and 25 percent completed the survey more than 24 months after enrollment.

Note: All estimates are regression-adjusted. Means and standard deviations of control variables included in the models are presented in Appendix Table G.5. Sample sizes for the subgroups are listed in Appendix Table G.6.

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[a]Impact level represents the percentage point difference between the regular JOBS services and home visitor services group means.

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** Statistically significant at the .05 level/p<.05.