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Parental Employment and Home Visiting Program Service Delivery

Brenda D. Smith

Home visiting programs, which provide in-home services to disadvantaged families with young children, rest on the assumption that poor parents can be reached at home. Increased levels of maternal employment raise questions about this assumption. In this study, longitudinal data collected for a home visiting program evaluation were analyzed to assess whether employment patterns of parents who receive home visiting services reflect employment patterns of other poor mothers between 1995 and 2000. The study also addresses the relationship between maternal employment and home visiting service intensity. To effectively reach home visiting participants, service providers may need to modify service delivery practices.

Introduction

Home visiting programs provide services to parents of young children at risk of adverse outcomes, such as health problems, developmental delay, or child maltreatment. Based in theory and empirical findings, home visiting programs are guided by the principles that (1) child and family outcomes can be improved through interventions with parents, and (2) disadvantaged families can be effectively reached at home.

Home visiting program participants tend to be poor single mothers with very young children. About half of home visiting participants receive cash welfare benefits, now called TANF (Temporary Aid for Needy Families), and about half are employed, mostly in low-wage jobs. Recent welfare policy reforms have substantially changed some aspects of life for welfare recipients and other low-wage workers. Since their peak in 1994, welfare caseloads have declined by about 50% in most states, and studies suggest that about two thirds of welfare leavers obtained paid employment (Moffitt, 2002; Acs & Loprest, 2002). Labor force participation of never married mothers increased from 49% in 1996 to 66% in 2000 (Burtless, 2001). By 2002, more than 68% of unmarried mothers with children under age three were employed (Bureau of Labor Statistics, 2003). In most states, work requirements for TANF recipients start when a youngest child reaches age one; in ten states, work requirements start when the youngest child is three months old (Welfare Information Network, 2001). Increased labor force participation of single

mothers and poor mothers suggests that home visiting programs may need new strategies to reach caregivers at home.

With increased levels of employment among never married mothers and former welfare recipients, researchers are looking closely at the effects of poor mothers' employment on family and child outcomes. Whereas past research generally found maternal employment to have neutral or positive effects on child outcomes, most past research focused on middle-income women. The effects of maternal employment on child outcomes may (or may not) differ for low-income women, or for women who are required by welfare rules to work. Increased maternal employment also has focused new attention on the extent to which child outcomes are affected by parent-child interaction and the quality of home environments—two factors that could be enhanced by maternal employment in some families and negatively affected in others, and two factors that are addressed by home visiting programs.

Thus, new welfare policies and increased maternal employment raise questions about both the delivery of home visiting services and their potential role. To what extent are home visiting participants entering the paid labor force? How might parental employment affect length of program participation and the number of home visits participants receive? Are home visiting programs modifying service delivery strategies to better meet the needs of employed parents? Do home visitors perceive employed parents as having needs that justify the additional effort sometimes required to reach them? Might home visiting programs serve different purposes for employed mothers than for mothers who are not in the labor force? And, if delivered as expected, might home visiting programs moderate relationships between parental employment and child outcomes?

This descriptive study addresses both changes in the likelihood of employment among recipients of home visiting services from 1995-2000 and the relationship between participant employment and service receipt. The study lays a foundation for subsequent research to identify practices associated with the successful delivery of home visiting services to employed parents.

Background

Researchers generally have found that maternal employment has positive or neutral effects on child outcomes (Chase-Lansdale, et al., 2003a; Wilson, Ellwood, & Brooks-Gunn, 1995; Zaslow & Emig, 1997). Yet general effects may differ under certain conditions. For example, mothers and children may be affected differently by voluntary employment versus required employment, by low-wage, low-autonomy jobs versus higher-wage professional jobs, by the presence versus absence of high quality alternative child care, or by other differences in combined work and parenting in poor versus non-

poor households and communities. In fact, some researchers argue that variations in employment conditions may be more relevant to the effects of maternal employment than employment status, per se (Parcel & Menaghan, 1997).

Studies explicitly exploring factors that may moderate effects of maternal employment on child outcomes suggest the following: unlike most maternal employment, maternal employment that does not raise families out of poverty may not result in improved home environments (Brooks-Gunn, Smith, Berlin, & Lee, 1998); mothers' employment in low-wage and low autonomy jobs may be associated with a decline in home environment quality (Parcel & Menaghan, 1997); when poor mothers transition into employment, the time spent with their pre-school age children may decline (Chase-Lansdale, et al., 2003b); and, especially when mothers can keep relatively large portions of work income, combining work with welfare may have positive effects on children (Dunifon, Kalil, & Danziger, 2003).

Reflecting the importance of the home environment to child outcomes, home visiting programs seek to enhance various aspects of the home environment, including parent-child interaction. One home visiting program model has demonstrated effects on child maltreatment rates (Eckenrode, et al., 2000) and subsequent birth rates (Kitzman, et al., 2000). But the most convincing effects across program models relate to parent-child interaction and parental capacity (Daro & Harding, 1999). The most successful programs promote engaged (i.e., attentive) caregiving in the early years of a child's life (Olds, et al., 1999).

Yet home visiting programs have struggled to translate theoretically based and empirically demonstrated effects to real-world settings. Program evaluators attribute this struggle, in part, to the difficulty of engaging and retaining program participants. Evaluators report first-year attrition rates ranging from 8% to 51% (Guterman, 2001). Gomby, Culross & Behrman (1999) summarized several challenges related to home visiting program service delivery in an incisive overview of evaluation findings. The authors report that between 20% and 67% of families withdraw from the programs before the scheduled end date. In addition, among enrolled participants, about 50% of scheduled home visits take place.

Returning to work is one of the primary reasons cited to explain participants' withdrawal from home visiting programs. Visit schedules reportedly compete with "the chaotic nature of some families' lives," including the challenge "to juggle time commitments between the home visiting program and responsibilities to work, extended family and children" (Gomby, et al., 1999: 16). A study of home visiting programs based in the Healthy Families America model found that unemployed caregivers had longer periods of program participation and received more visits than did employed caregivers (Daro, et al., 2003). When exploring reasons for program withdrawal, a study of home visiting in Hawaii found that 5% of participants had work or school schedules that

“limited their availability during home visitors’ usual work hours” (Duggan, et al., 2000: 254). In one state, home visitors reported that parents who entered the workforce were sometimes too tired or too busy after work to participate (Center for Human Services Research, 1997).

Adequate assessment of the potential of home visiting services to affect family and child outcomes may require additional attention to service delivery issues. Program effects may be demonstrated convincingly only after certain time periods of participation, or after receiving a minimum number of visits. Indeed, more positive effects have been demonstrated with more frequent visits over a time period long enough to establish a “therapeutic alliance” between the participants and their visitor (Olds & Kitzman, 1990). Positive effects of one program were directly related to the number of visits families received (Olds, 1986). McCurdy and Daro (2001) hypothesize that services delivered regularly and on schedule will promote program retention.

Conceptualizing Home Visiting Services Delivery

Service delivery in home-visiting programs typically is conceptualized as a function of family needs and family receptivity to services. The service providers’ role in service delivery often is under-explored. Yet each home visit involves a visitor’s decision to attempt a visit and a visitor’s effort to complete it. As with other front-line workers confronting challenging human services work (see Lipsky, 1980), home visitors are likely to assess the benefits and costs of their activities and are likely to encounter obstacles that intervene between their intentions and actions. Michael Lipsky (1980) observed that front-line human services workers ration their efforts, prioritizing clients they perceive both as most likely to benefit from services and easiest to help. Lipsky likens such decisions to a battlefield triage system. In that context, patients perceived as seriously wounded with little chance of recovery or only lightly wounded and not in need of immediate attention receive lower priority than patients perceived to be seriously wounded but salvageable with prompt attention (Lipsky, 1980: 106).

In a home-visiting context, if home visitors perceive employed parents as relatively less needy (i.e., “lightly wounded”) in addition to finding them relatively hard to reach, visitors could assign lower priority to visits to employed parents. Such decisions, in addition to thwarted visit attempts due to time-schedule challenges, could affect the number of visits employed parents receive. If employed parents are, indeed, relatively less needy than other home-visiting clients, fewer visits would be warranted. However, in a context of work requirements for parents of young children, the notion that employed parents are relatively less needy may be a misperception. Under certain conditions, employed parents may be among those clients who most need home-visiting services.

Knowledge Gaps

Research indicates that home visiting services might be especially needed, and especially effective, among employed low-wage parents of very young children. Yet, due to complex schedules and other challenges associated with reaching employed mothers, home visiting services, as typically delivered, may be less likely to be delivered to employed mothers. This paradox is extended further when considering that maternal employment is an outcome goal of many home visiting programs. Hence, it seems possible that home visiting program enrollment could promote maternal employment, and that maternal employment could, in turn, reduce the likelihood that home visiting services will be delivered at the level of intensity needed to promote healthier home environments.

In a climate with more low-income mothers working, some with very young children, some at low-wage jobs that do not move families out of poverty, and some because they are required by welfare rules to work, home visiting programs could provide an important source of in-home support for some families. Thus, research explicitly investigating whether home visiting services moderate relationships between maternal employment, parenting, and child outcomes is needed. However, because home visiting program effects seem closely tied to service delivery issues, we first need research that describes the employment patterns of home visiting clients and that begins to clarify the relationships between maternal employment and home visiting service delivery.

Methods

This study involves secondary analysis of longitudinal data collected for a home visiting program evaluation.¹ The dataset includes detailed service delivery and program outcome data on 7640 program participants from the program's inception in 1995 to the present. To allow for a two-year minimum follow-up time frame, this study focuses on data from 4,386 participants who entered the program between 1995 and 2000.

Detailed data are collected from program participants at fixed intervals: at intake (usually near the birth of a child), and at approximately six-months, one-year, and two-years of program participation. At each of these intervals, visitors² update family

1. Whereas this study uses evaluation data from a home visiting program following the Health Families America model, the study uses these data to address general trends among home visiting clients and home visiting services delivery. The study does not address the effects of any particular home visiting program.

2. Following the Healthy Families America model, visitors are community-based trained paraprofessionals.

demographic information, collect data on family problems and service needs, and administer outcome measures, such as the Parental Stress Index (PSI) and the Ages and Stages Questionnaire (ASQ). In addition, the dataset includes detailed employment information including employment start and end dates, hours worked per week, wages, and type of job for up to four primary caregiver jobs during each follow-up period. The evaluation data also include detailed information on use of public benefits. Finally, in addition to the follow-up interview information, data are available from each home visit attempted and conducted, including the visit date and location.³

To indicate family problems, home visitors use a check-list of 15 "issues." Visitors indicate on the check list whether a family exhibits each problem type at each follow-up interview. For this study, some of the problem types from the check list are combined. For example, "alcohol abuse," and "substance abuse" are combined into one "substance abuse" variable, and "financial difficulties/insufficient income" "homelessness or inadequate housing," "inadequate food, clothing, or household goods" are combined into one "poverty or housing problem" variable. Because detailed employment data are not consistently reported for all clients, for this study employment is indicated by whether or not a visitor recorded that the primary caregiver was employed during a follow-up interval.

Study analyses include descriptive analyses of employment and public benefit use patterns, and separate analyses to address factors associated with service intensity. The service intensity variable is a continuous variable indicating the number of home visits recorded between the intake date through the Year 1 follow-up interview.⁴ Hierarchical OLS regression models were conducted to assess the relationship between employment and Year 1 and service intensity, both at a bivariate level and when controlling for demographic characteristics, client problems, and program entry year.

Findings

Table 1 includes descriptive information about the study sample at intake ($n = 4,386$) and about the subset of this group that participated through the Year 1 follow-up interview ($n = 2,278$). As indicated in the table, the demographic characteristics of the clients who

3. Employment and benefit use data reflect client reports; visit attempts, and completed visit data reflect visitor reports.

4. Whereas follow-up interview timing approximates the child-age-based intervals intended, interview dates are distributed around the target date. Interviews dated more than one year after the target date ($n = 14$) were considered outliers and deleted from the sample. Among the remaining cases, 95% of Year 1 follow-up interviews were held within 6 months of the Year 1 target date, and 93% of Year 2 follow-up interviews were held within 6 months of the Year 2 target date.

remained in the program for at least one year are nearly identical to the demographic characteristics of the entire sample at program intake. This suggests that the likelihood of program participation at least through the first year is not strongly affected by these client-level characteristics at intake.

Table 1. Client Demographic Characteristics at Intake

Characteristic	All clients (n = 4,386)	Clients participating at least to one-year follow-up (n = 2,278)
Sex - female	99.6%	99.5%
Race		
African American	30%	27%
White	49%	51%
Hispanic/Latina	18%	20%
Other	3%	2%
Married	21%	23%
Another caregiver in household	53%	55%
Education level		
Less than high school	42%	40%
High school/GED	37%	39%
More than high school	21%	21%
Number of other children		
0	53%	51%
1	28%	28%
2	10%	11%
3 or more	9%	10%
Age	Mean: 24.4 S.D.: 5.4 Min: 18 Max: 51	Mean: 25 S.D.: 5.7 Min: 18 Max: 51

Characteristic	All clients (n = 4,386)	Clients participating at least to one-year follow-up (n = 2,278)
Identified problems		
Physical disability or health problem	13%	15%
Inadequate income, housing or basic needs	77%	77%
Substance abuse	15%	14%
Domestic violence or relationship difficulties	44%	45%
Depression, stress or emotional difficulty	65%	66%
Other mental health problem	10%	10%
Social isolation or inadequate social support	32%	32%
Number of problems	Mean: 3.7 S.D.: 2.4 Min: 0 (9% had none) Max: 12	Mean: 3.6 S.D.: 2.3 Min: 0 (8% had none) Max: 12

The changing employment pattern among home visiting clients is shown in Table 2a, which indicates the percentage of clients employed by program entry year and follow-up interval. Two clear trends are evident.⁵ First, as might be expected, among remaining participants, the likelihood of caregiver employment increases with each follow-up interval. This trend (illustrated by looking at the figures across in rows) simply indicates that, as children age, their primary caregivers are more likely to be employed. The second trend reflects national employment trends among poor and never married mothers in the late 1990s. During this time period, coinciding with the institution of the TANF program, stricter work requirements for welfare recipients, and a strong economy, there was a sharp increase in employment among this group. The figures in Table 2a indicate that this trend prevailed among participating home visiting clients as well. At each program interval, as illustrated by each of the columns, the percentage of clients

5. None of the trends or patterns illustrated in Tables 2a or 2b should be interpreted as reflecting program effects. These data simply illustrate trends among continuing program participants. No conclusions regarding withdrawn participants, or comparisons between continuing and withdrawn participants are supported by these data.

having jobs increases with program entry year. Of 1996 program entrants who remained involved with the program at 6 months, 32% were employed; of 2000 entrants who remained involved at 6 months, 49% were employed. Likewise, of 1996 entrants still participating in the home visiting program at 1 year, 46% were employed; of 2000 entrants still participating at 1 year, 56% were employed.

Table 2b shows the percentage of program participants designated as receiving public income maintenance benefits (during this time period the benefits program changed from Aid to Families with Dependent Children (AFDC) to TANF). Benefit use is highest at the 6-month follow-up interval, likely illustrating that some participants had not yet started benefits at the intake interview. After 6 months, benefit use declines with each follow-up interval. As with the employment figures, the benefit use figures show a striking change over time, reflecting national trends during this time period. Among clients remaining involved with the home visiting program, public benefit use is less likely among participants who entered the program in the later years than it is among participants who entered in the early years of this time period. For example, of 1995 entrants still involved at 6 months, 56% used TANF benefits; of 2000 entrants still involved at 6 months, 30% used benefits. Likewise, of 1995 entrants still involved at 1 year, 52% used benefits; of 2000 entrants still involved at 1 year, 28% used benefits.

Table 2a: Percentage of Clients Employed by Program Entry Year and Follow-up Interval *

Program Interval	Intake	6 months	1 year	2 years
Entry year				
1995	13%	19%	31%	41%
1996	17%	32%	46%	60%
1997	17%	37%	49%	58%
1998	19%	43%	53%	63%
1999	25%	51%	60%	61%
2000	28%	49%	56%	not available
Total	21%	41%	52%	59% **

Table 2b: Percentage of Clients Receiving TANF Benefits by Program Entry Year and Follow-up Interval*

Program Interval	Intake	6 months	1 year	2 years
Year				
1995	51%	67%	56%	52%
1996	50%	56%	52%	40%
1997	39%	51%	45%	36%
1998	37%	47%	44%	33%
1999	32%	34%	34%	30%
2000	29%	30%	28%	not available
Total	37%	45%	41%	36%* *

* The denominator for each cell is the number of clients who had an intake or follow-up visit completed at each interval (see columns B-D in Table 3).

* * Not including year 2000

Table 3 shows figures for service intensity by program entry year. The number of participants entering the program in each year is shown in Column B. Columns C and D indicate the percentage and number of program entrants who participated at least through the Year 1 and Year 2 follow-up interviews. The last two columns in Table 3 show the average number of home visits clients received by program entry year. Column E indicates the average number of visits in the first year (among clients participating for at least 1 year); Column F indicates the number of home visits in the first 2 years (among clients participating for at least 2 years). The average number of visits among clients participating for at least one year was 31 (S.D. = 9.8), with a range from 2 to 82. Less than 2% of the one-year participants had fewer than 12 visits in the year. Two thirds of the one-year families had at least 26 (approximately biweekly) visits; and less than 2% had more than 52 visits in the year. The columns show a slight decrease over time in the average number of home visits clients receive. Whether this slight decrease reflects changes in client characteristics is explored in subsequent analyses.

Tables 2 and 3 show that, over time, the proportion of employed home-visiting clients increases and home visit service intensity decreases slightly. The tables raise the question of whether these patterns are related. Do employed clients receive fewer visits than unemployed clients? And, if so, do such differences reflect a difference in client need only, or a difference in visitors' perceptions of client needs, or in visitors' capacities to reach employed clients?

Table 3: Program Participation and Service Intensity by Entry Year

A Entry year	B Number of program entrants	C Percentage of clients participating at least to 1-year follow up (of all entrants)	D Percentage of clients participating at least to 2-year follow-up (of all entrants)	E Average number of home visits in clients' first participation year	F Average number of home visits in clients' first 2 participation years
1995	158	66% (n=104)	44% (n = 69)	35	66
1996	817	54% (n= 445)	37% (n = 301)	31	56
1997	851	48% (n=409)	32% (n = 270)	32	56
1998	887	53% (n=470)	34% (n = 304)	31	52
1999	868	51% (n=440)	29% (n = 248)	29	51
2000	805	51% (n=410)	not available	30	not available
Total	4,386	52% (n=2,278)	33%* (n = 1,192)	31	54*

* Not including year 2000

Focusing on clients who participate at least through Year 1, Table 4 shows hierarchical regression models to assess how client employment at 6 months relates to the number of home visits received through the Year 1 follow-up interview. Model 1 shows that, at a bivariate level, client employment is negatively associated with the number of visits. Client demographic characteristics are added in Model 2; client problem areas are added in Model 3; and entry year variables are added in Model 4. The employment relationship diminishes in strength as each set of variables is added, but it retains statistical significance and, even when accounting for client demographics, problem areas, and entry year, client employment is negatively associated with the number of visits received. A second caregiver and being white are positively associated with the number of home visits, as are having a disability or health problem, having insufficient income or a housing problem, having a mental health problem, or being socially isolated. As with employment, having at least a high school education is negatively associated with the number of home visits, even when controlling for client needs. Compared to program entry in 1999, program entry in 1995, 1997 or 1998 is associated with more visits. Model 4, with all sets of variables included, explains only 8% of the variance in the number of visits. These models focus only on the association between employment and number of visits when controlling for client-level factors that may influence the employment effect; the models are not designed to predict service intensity. Other factors important to explaining service intensity are discussed below.

Table 4. Effects of Client Characteristics on the Number of Home Visits in Year 1
(Hierarchical Regression Models) (n=2,278)

	Model 1			Model 2			Model 3			Model 4		
Characteristic	B	S.E.	p	B	S.E.	p	B	S.E.	p	B	S.E.	p
Employed at 6 months	-2.84	.41	<.01	-2.54	.42	<.01	-2.11	.42	<.01	-1.91	.42	<.01
Age				.113	.04	<.01	.06	.04	.07	.06	.04	.08
Has high school education				-2.48	.43	<.01	-2.07	.42	<.01	-2.01	.42	<.01
Another caregiver in household				.871	.42	.04	1.27	.42	<.01	1.21	.42	<.01
White				1.12	.43	<.01	1.03	.43	.02	1.03	.43	.02
Disability or health problem							2.42	.58	<.01	2.47	.58	<.01
Substance abuse problem							.56	.58	.33	.49	.58	.40
Poverty or housing problem							2.02	.50	<.01	1.82	.59	<.01
Mental health problem							1.61	.68	.02	1.65	.68	.01
Emotional problem							-.07	.47	.88	-.08	.46	.86
Social isolation							1.88	.46	<.01	1.72	.46	<.01
Domestic violence or marital problem							.33	.43	.45	.24	.43	.58
Vs. Entry year 1999 or 2000												
Entry year 1995										3.96	1.00	<.01
Entry year 1996										.69	.57	.23
Entry year 1997										1.43	.58	.01
Entry year 1998										1.18	.58	.03
Constant	31.87	.27		29.46	.98		27.16	1.05		26.51	1.07	
	R ² =.02, F=46.79, p<.01			R ² =.04, F=19.31, p<.01			R ² =.07, F=14.87, p<.01			R ² =.08, F=12.43, p<.01		

Discussion

Summary

This study was conducted to assess whether employment patterns among disadvantaged mothers nationally are found among home visiting program clients, and to assess the relationship between caregiver employment and one aspect of home visiting program service delivery: service intensity. Such issues are important in light of the potentially important role that home visiting programs might play in promoting healthy home environments when disadvantaged mothers of young children work. The study findings suggest that from 1995 to 2000, as with mothers nationally, mothers remaining involved with a home visiting program became increasingly likely to participate in paid employment. A negative relationship between employment and home visiting service intensity was maintained even when accounting for client demographic characteristics, client problems, and entry year. Families with employed mothers got fewer visits, even when they had problems similar to those of families with unemployed mothers. This finding points to the need for further research to explore the relationship between service intensity and parental employment. Unmeasured client competencies could justify fewer home visits for employed parents, but the service intensity difference could also stem from the additional challenges associated with reaching employed mothers at home, or from visitors' perceptions that employed mothers have less urgent needs.

Limitations

Several limitations should be considered when interpreting these findings. First, whereas follow-up interview instruments allow home visitors to collect detailed data on client employment, and detailed data are provided for many participants, some inconsistency in the reporting of employment details led to the decision to use simple dichotomous indicators of employment for this study. A more refined analysis would account for differences in the number of hours worked, job gains and losses in between follow-up interviews, wages, or job types. The present analyses indicate only whether a home visiting participant was employed at any time during a follow-up interval.

Second, whereas the multivariate models focus on employment effects after accounting for client-level factors that might mitigate these effects, it is likely that there are unmeasured client-level factors. In particular, whereas the follow-up interview checklist includes data on a range of client-level issues, it does not reflect certain client-level competencies that might help to explain why employed mothers receive fewer visits.

Third, it was not a goal of this study to construct comprehensive models to explain service intensity, but only to assess the relationships between maternal employment and service intensity when controlling for other client-level factors. However, home visiting service delivery is likely to be affected by program, site, provider and even community-level factors, and client-level factors could interact with influences at these other levels to partly explain relationships between maternal employment and program retention and service intensity. Whereas the simple models

may be appropriate for a descriptive assessment, further analysis of these relationships will benefit from more comprehensive conceptualization of effects at different levels, and statistical methods, such as multi-level modeling, which can help to explain the relative influences at different levels (e.g., Daro, et al., 2003; McGuigan, Katzev, & Pratt, 2003).

Implications for Research and Practice

Recent research points to the especially important role of the home environment for children whose mothers work in low-wage, low autonomy jobs. Such findings underscore the importance of determining whether, or in what ways, home visiting programs might more effectively reach mothers facing complex work schedules or challenging workplace demands. In light of the potentially important role of home visiting programs when parents are employed, this study's findings underscore the importance of identifying the particular needs of employed home visiting clients. If employed clients are getting what they need, even with fewer visits, then service delivery models could be modified to clearly reflect a lower level of need. However, if employed clients need as many, or even more, visits to maintain healthy home environments and quality parent-child interactions while facing workplace demands, service models could reflect such needs, and service delivery practices could be modified to meet the needs.

A relationship between service intensity and client employment could reflect service delivery practices as well as family needs. Whereas participant characteristics are often cited to explain service delivery statistics in home visiting programs, program or site-level practices may substantially affect how long clients participate or how many visits participants receive. Future studies should assess how service intensity in home visiting programs relates to program and site-level service delivery characteristics. Some programs or service delivery sites may be implementing practices, such as flexible visiting hours, that more effectively reach employed participants.

Over the last decade, increases in maternal employment have been especially profound for poor mothers, never married mothers, and mothers of very young children. These are the same mothers served by home visiting programs. The employment changes illustrated by this study's findings suggest that home visiting clients are spending less time at home. In light of this change, we need to learn more about home-based service delivery to employed caregivers. TANF work requirements are continuing and may increase to 40 hours per week. By improving home environments and strengthening parent-child interaction, home visiting programs could mitigate such negative implications of very early maternal employment. If so, it will be important for home visitors to effectively reach employed clients and to provide services with the level of intensity that best meets these families' needs.

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