Father involvement matters: evidence from a home visiting program targeting high risk families

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Outline of presentation

• Introductions – who is in my audience?
  – Child development
  – Child maltreatment
  – High risk parenting

• Past research that bears on the present topic
  – My papers
  – Research at Center for Human Services Research
  – Healthy Families New York, Prevention models

• Fathers Matter paper – background, methods, results, and discussion
Carolyn Smith
Developmental Criminology (selected)


Selected more recent work: working with graduate students, on applied projects


Center for Human Services Research
University at Albany
School of Social Welfare
CHSR

• The Center is located within the School of Social Welfare at the University at Albany, State University of New York. CHSR has 25 years of experience conducting evaluation research, designing information systems, and informing policy and program development for a broad spectrum of agencies that serve vulnerable populations

• http://www.albany.edu/chsr/
CHSR areas of inquiry

• Include a wide range of topics including education and training, family support, health care and nutrition, intimate partner violence, and youth development and juvenile justice. Characteristic of all these studies is CHSR’s focus on rigorous methods, strong stakeholder involvement, and the dissemination of timely, accurate and non-partisan information to guide best practices in service delivery.
Role with Healthy Families New York

• Since 1995, CHSR has been working with the New York State [Office of Children and Family Services (OCFS)](https://www.ocfs.ny.gov) to conduct a variety of studies of [Healthy Families New York (HFNY)](https://www.hfny.org), a multi-site program designed to prevent child abuse and neglect, increase parental self-sufficiency, and enhance child health and development.

• HFNY is based on Healthy Families America, a national model of home visiting services being delivered in over 400 communities across the United States. CHSR studies are designed to measure outcomes, monitor program activities, and inform practice and policy in New York State.
What is HFNY?

• HFNY is an evidence-based, voluntary home visiting program matching parents with knowledgeable and caring workers who provide support and information during pregnancy and early childhood

• Families who participate are offered long-term, in-home, supportive services until the child enters school or Head Start

• http://www.healthyfamiliesnewyork.org/
HFNY Services

- HFNY services include:
  - Educating families on parenting and child development
  - Connecting families with medical providers for prenatal/well-baby visits and immunizations
  - Assessing children for developmental milestones
  - Providing referrals for early intervention

- Staff also assist families with goal setting, problem solving, and accessing community resources and services
Program sites all over NY State
http://www.healthyfamiliesnewyork.org/sites.htm
HFNY Prevention Targets

• HFNY Program is based on an ecological conceptual framework for understand child and family risk and protective factors

• HFNY’s goals are to:
  – Promote positive parenting skills and parent-child bonding and attachment
  – Prevent child abuse and neglect
  – Promote optimal prenatal care and child health and development
  – Enhance family self-sufficiency
Logic Model for Healthy Families New York

**Program Activities**
- Conduct ongoing assessments
- Provide frequent in-home visits
- Establish goals with family & reinforce strengths
- Promote and support healthy prenatal behaviors
- Provide education on newborn care, child development & child rearing
- Promote parent-child interaction through instruction, reinforcement, modeling & mother-child activities
- Address family issues & help develop problem-solving skills
- Facilitate linkages to and support appropriate utilization of health care & community resources
- Help build informal support network

**Intermediate Outcomes**
- **Parenting**
  - Improved knowledge and attitudes
  - Enhanced parent-child interaction
  - Less aggressive parenting practices
- **Child Health & Development**
  - Better prenatal behaviors
  - Improved birth outcomes
  - Increased access to health care
  - Better health care practices
  - Improved safety practices
  - Enhanced cognitive stimulation
- **Parental Health & Life Course**
  - Increased access to health care
  - Better utilization of community resources
  - Increased social support
  - Increased education/employment

**Long-term Outcomes**
- Reduced child abuse & neglect
- Improved child health & development
- Increased family self-sufficiency
HFNY parents

• Target population for HFNY are expectant and new mothers who are evaluated as ‘at risk’
  – Live in areas with high rates of teen pregnancy, infant mortality, welfare receipt and late or not prenatal care
  – They have high scores on the Kempe Family Stress Checklist
  – They live at or under 200% of the poverty level
• Referred by network of community service agencies
• Majority of referred families are eligible, about 67% agree to enroll
• Mothers receive visits from the Family Service Workers biweekly during pregnancy, and 1x per week after mothers give birth
Program Evaluation

• Program focus is on evidence-based risk and protective factors for problems in parenting, poor developmental outcomes, child abuse
• Program is being continually evaluated
• Randomized controlled trial
Evaluation of Healthy Families New York (HFNY): First Year Program Impacts

Report to the Governor and Legislature
February 2005

George E. Pataki
Governor

John A. Johnson
Commissioner
Randomized Controlled Trial

CHSR and the OCFS conducted a randomized controlled trial of HFNY that began in 2000. Over 1,000 women were interviewed annually for 3 years. In 2006, additional funding was received from the National Institute of Justice and the Doris Duke Foundation to re-interview families at 7 years to test the long term effects of the program. In the study, expectant and new parents were assigned to either a treatment group (offered home visiting services) or a control group (received referral information only). The study compared these women and their children over time to assess program outcomes. In addition to survey data, an observational study was conducted.
Findings from the RCT: HFNY participation promotes school success

Rodriguez et al. (2010). Child Abuse and Neglect, 34-711-723

• HFNY promotes the use of positive parenting skills that support and encourage children’s cognitive and social development across developmental stages

• These parenting competencies may contribute to the early school successes realized by children who participated in HFNY
HFNY prevents child maltreatment


• HFNY produced sustained effects on harmful parenting practices. Based on mothers’ reports of parenting practices, HFNY generated... an 88% reduction in the average # of acts of very serious physical abuse - Age 1 a 75% reduction in the average # of acts of serious physical abuse - Age 2 an 80% reduction in the average # of acts of serious physical abuse
HFNY improves birth outcomes


• Pregnant women who enrolled in HFNY at or before a gestational age of 30 weeks were about half as likely as pregnant women in the control group to deliver low birth weight (LBW) babies.

• Findings especially notable for Black and Latina women
HFNY and official maltreatment

- Paper in progress
- 7 year follow using official maltreatment reports from the Office of Children and Family Services
- In sample as a whole, HFNY participation did not predict reduction in official maltreatment reports
- Subgroups did experience reduced maltreatment, including:
  - Mothers with a prior maltreatment history
  - Mothers born outside USA
Other publications and reports..

• Investigate issues of interest to researchers and to program funders and agencies and utilize the Management Information System (MIS) which records all data gathered as part of the project – on clients of the service, on home visitor activities, assessments, observations, and quality assurance measures
Current collaborations on 2 papers

2 papers using administrative data on total sample receiving HFNY in New York State

1. Program participation and breastfeeding rates
2. Father participation in HFNY

Brief mention of #1 then focus in on #2
Collaboration on breastfeeding study

Breast milk is best for your baby.

It's your right to feed your baby only breast milk and get the support you need.
HFNY impact on breastfeeding

• Benefits of breastfeeding well documented for mothers and babies
• Increasing breastfeeding rates among mothers with many risk factors is a big challenge in meeting Healthy People 2020 goals
• Significant disparities in breastfeeding initiation and continuation based on mothers minority group status and socioeconomic status
• Breastfeeding support provided by HFNY associated with higher rates of breastfeeding initiation and continuation -
Father involvement matters:

evidence from a home visiting program targeting high risk families
Home visiting

• Parenting interventions delivered in the home address barriers to participation – are among the best supported interventions for promoting healthy child development, and reducing problems in parenting

• Various home visiting models
  – Nurse home visiting partnership
  – Healthy Families America

• Historically mothers have been the focus of research
David Olds and collaborators

Selected references


Some context..

• In the last decade research on home visiting has indicated important trends in development and strengthening of services
• Programming amendments are targeting family relationships, including couple relationships and father-child relationships
• Growing evidence of positive and negative impact of fathers on child development
• Increasing federal policy and funding support to specifically engage fathers in home visiting
• Lack of systematic information about father impact on home visiting practice and outcomes
A few studies of impact of father involvement in parenting intervention


Review of research suggested..

Fathers gave been generally overlooked as potential program targets


Father participation in home visiting is much less documented and examined in research than mother participation.

“..despite robust evidence of father’s impact on children and mothers, engaging with fathers is one of the least well explored and articulated aspects of parenting interventions”

HFNY Fatherhood Component

• Prior to 2007, discussions with program managers and examination of MIS data suggested that father engagement in home visits was minimal
• Contrary to expectations, a large proportion of HFNY families had biological fathers living in the home when mother assessed for program eligibility
• The HFNY Fatherhood Component was launched in 2007 to improve program outreach to fathers and support their involvement
• Early data on father participation was gathered in a descriptive analysis of data from the Management Information System
Status of OBP at Intake

Father in home: 46%
Father not in home: 23%
Father information not available: 31%
Fathers

• Other birth parent (OBP) is the term used for biological fathers of the children in the home visiting program
• We note that many of the fathers (31%) were never available and no information is available about these fathers including in the analyses to follow. Reasons for this include
  – Father not living in the country
  – Mother did not want to give information on the father
• Of those birth fathers we have information on, some were living in the home and some were not: marital status of fathers and mothers is not available
Fatherhood Component: what was added?

• Not one single package or intervention

• Sites were given a menu of program strategies
  – Use of specialized father advocates
  – Fathers groups
  – Additional flexibility in visit timing to accommodate father schedule

• For all sites: additional training for home visitors on father engagement
Descriptive research question 1.

- To what extent do fathers participate in HFNY?
- What are the characteristics of these fathers?
% Home Visits with Father Present
(by Year)

To what extent do fathers participate in HFNY?

HFNY Fatherhood Component Launched
Surprise...

• It was initially surprising to the teams that so many fathers were present in the home prenatally and just after infants were born.
• This information had been missing from the early assessments, although the presence of fathers during visits was noted in the home visitor log.
• Starting in 2007, more detailed information on fathers was collected: in general however still from mothers.
Study Sample

• Analyses limited to fathers with OBP information available (n=2,463)

• Of these fathers:
  – 29% present at assessment
  – 27% present at intake
  – 53% present at one or more home visits subsequent to intake
Parents are married:
- Father in Home: 25%
- Father Not in Home: 5%

Father is employed:
- Father in Home: 64%
- Father Not in Home: 43%

Mother is <age 20:
- Father in Home: 30%
- Father Not in Home: 16%

Father is emotionally involved at intake:
- Father in Home: 98%
- Father Not in Home: 73%

Father is present at assessment:
- Father in Home: 37%
- Father Not in Home: 12%

Father participated in any HV:
- Father in Home: 61%
- Father Not in Home: 37%
Characteristics of Families

- White: 45% Father in Home, 37% Father Not in Home
- Black: 33% Father in Home, 16% Father Not in Home
- Native-born Hispanic: 11% Father in Home, 13% Father Not in Home
- Foreign-born Hispanic: 23% Father in Home, 9% Father Not in Home
- Other: 5% Father in Home, 8% Father Not in Home
Goal of subsequent analysis (2)

to gain a better understanding of how father involvement in home visits affects the likelihood that:

a. the family will be retained in the program
b. the father will maintain emotional involvement with the child
c. the father will remain with or join the family household;
Methods

• Regression analyses (Cox and logistic)
• Control for pertinent characteristics
  – Maternal age, education, race/ethnicity, nativity, Kempe score
• Outcome measures
  – Family retention in the program (6 and 12 months post-birth assessments)
  – Birth parents together at 6 month post-birth
  – Father emotional involvement
Research goal (2a)

• to gain a better understanding of how father involvement in home visits affects the likelihood that:
  – the family will be retained in the program;
Father participated in any home visit

Father did not participate in home visits
Family Retention at 6m and 12m

- **6-month retention**:
  - Father participated in at least 1 home visit: 71%
  - Father did not participate in home visits: 45%

- **12-month retention (among those present at 6m)**:
  - Father participated in at least 1 home visit: 74%
  - Father did not participate in home visits: 63%
## Predictors of Family Retention

more detailed analysis with additional controls, larger sample

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Exp(B)</th>
<th>95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother is born outside the U.S. (1=yes, 0=no)</td>
<td>1.321*</td>
<td>1.045-1.670</td>
</tr>
<tr>
<td>Mother’s age at intake (in years)</td>
<td>1.043***</td>
<td>1.029-1.057</td>
</tr>
<tr>
<td>Mother’s risk assessment score</td>
<td>0.990**</td>
<td>0.985-0.996</td>
</tr>
<tr>
<td>Mother’s race (1=yes, 0=no)</td>
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</tr>
<tr>
<td>Non-Hispanic white (ref.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>1.040</td>
<td>0.843-1.285</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>1.022</td>
<td>0.812-1.285</td>
</tr>
<tr>
<td>Other</td>
<td>0.884</td>
<td>0.656-1.192</td>
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<tr>
<td>Intake was after child’s birth (1=yes, 0=no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father lives in home (1=yes, 0=no)</td>
<td>0.824*</td>
<td>0.685-0.990</td>
</tr>
<tr>
<td>Father is emotionally involved (1=yes, 0=no)</td>
<td>0.694**</td>
<td>0.539-0.892</td>
</tr>
<tr>
<td>Father has participated in &gt;= 1 home visit (1=yes, 0=no)</td>
<td>4.038***</td>
<td>3.399-4.797</td>
</tr>
</tbody>
</table>
Research goal (2b)

• to gain a better understanding of how father involvement in home visits affects the likelihood that:
  – the family will maintain emotional involvement with the child
Father emotional involvement

- Assessed through maternal report
- Mother reports of father’s emotional and financial involvement.
- Here focus only on emotional involvement
- At intake and each follow up assessment (6 month and 12 month)
Father Emotional Involvement 6 Months Postpartum

- Emotionally Involved at Intake:
  - No Home Visits: 83%
  - At least 1 Home Visit: 94%

- Not emotionally involved at intake:
  - No Home Visits: 24%
  - At least 1 Home Visit: 72%
Predictors of Father’s Emotional Involvement

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Exp(B)</th>
<th>95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother is born in U.S. (1=yes, 0=no)</td>
<td>1.071</td>
<td>0.633-1.814</td>
</tr>
<tr>
<td>Mother’s age at intake (in years)</td>
<td>1.047**</td>
<td>1.015-1.079</td>
</tr>
<tr>
<td>Mother’s risk assessment score</td>
<td>0.983**</td>
<td>0.971-0.996</td>
</tr>
<tr>
<td>Mother’s race (1=yes, 0=no)</td>
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</tr>
<tr>
<td>Non-Hispanic white (ref.)</td>
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<tr>
<td>Non-Hispanic black</td>
<td>0.908</td>
<td>0.589-1.400</td>
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<tr>
<td>Hispanic/Latina</td>
<td>1.413</td>
<td>0.840-2.376</td>
</tr>
<tr>
<td>Other</td>
<td>0.963</td>
<td>0.514-1.802</td>
</tr>
<tr>
<td>Intake was after target child’s birth (1=yes, 0=no)</td>
<td>0.893</td>
<td>0.631-1.263</td>
</tr>
<tr>
<td>Father lives in home (1=yes, 0=no)</td>
<td>2.510***</td>
<td>1.752-3.596</td>
</tr>
<tr>
<td>Father has participated in &gt;= 1 home visit (1=yes, 0=no)</td>
<td>3.297***</td>
<td>2.291-4.743</td>
</tr>
</tbody>
</table>
Research goal (2c)

• to gain a better understanding of how father involvement in home visits affects the likelihood that:
  – the father will remain with or join the family household
Father presence in the home

• The family service worker asks at intake and at each follow up whether the OBP (father) is present in the home

• Recall from research on high risk and ‘fragile’ families that considerable attrition in father presence with increasing age of child

• Perhaps early engagement of fathers will promote continued family and child contact (and so improved child outcomes)
Father Co-residence 6 months Postpartum

(Demographics and Other Characteristics Held Constant)
## Predictors of Father Presence

### Predictors of father presence in the home at 6 month follow up: two groups

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Father in home at intake</th>
<th>Father not in home at intake</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exp(B)</td>
<td>95% C.I.</td>
</tr>
<tr>
<td>Mother is born outside U.S. (1=yes, 0=no)</td>
<td>1.966**</td>
<td>1.249-3.094</td>
</tr>
<tr>
<td>Mother’s age at intake (in years)</td>
<td>1.046***</td>
<td>1.018-1.075</td>
</tr>
<tr>
<td>Mother’s risk assessment score</td>
<td>0.983**</td>
<td>0.972-0.994</td>
</tr>
<tr>
<td>Mother’s race (1=yes, 0=no)</td>
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<td>--</td>
</tr>
<tr>
<td>Non-Hispanic white (ref.)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>0.392***</td>
<td>0.265-0.581</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>0.970</td>
<td>0.618-1.524</td>
</tr>
<tr>
<td>Other</td>
<td>0.719</td>
<td>0.400-1.291</td>
</tr>
<tr>
<td>Intake after target child’s birth (1=yes, 0=no)</td>
<td>0.924</td>
<td>0.683-1.251</td>
</tr>
<tr>
<td>Father is emotionally involved (1=yes, 0=no)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Father participated in &gt;= 1 home visit (1=yes, 0=no)</td>
<td>2.963***</td>
<td>2.048-4.288</td>
</tr>
</tbody>
</table>
Conclusions

• Father participation in home visiting is quite high (>50%) and can be encouraged
• There are benefits to engaging fathers in home visiting
  – Families are more likely to be retained in the program
  – Fathers are more likely to stay with families
  – Mothers report that fathers are more likely be emotionally involved with the family
Limitations

• Measurement limitations – are we really assessing ‘emotional involvement’?
• Although the data for this project are time-ordered we can’t make causal assertions about program impact
• We know little about which aspects of the fatherhood component might be most important
Discussion

1) Some covariates also matter in understanding the outcomes – for example high risk mothers have reduced likelihood of fathers remaining in the home

2) Are these findings program or father driven?
   - a program effect (HFNY participation leads to improved program retention, father emotional participation etc)
   - or a ‘types of fathers’ issue – particular fathers are more likely to be in the home at all, to join in with the program and thus to demonstrate these outcomes

3) Are there subgroups for whom participation would not be helpful for the family (violent fathers?)

4) Is around birth a particularly ‘sensitive time’ to involve fathers?
Next Steps

• Understand more about what home visitors do with fathers during home visits and what fathers see as the value of HFNY participation
• Learn more about how programs successfully engage fathers both in and out of the home
• Facilitate sharing of successful strategies between programs serving similar populations
Take-away

“Greater inclusion of fathers as clients in these programs has important implications for the science and practice of intervention”

Thank you!

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