Nurturing Families Network 2013 Annual Evaluation Report



Nurturing Families Network: 2013 Annual Evaluation Report

By

Allison Joslyn, Project Manager

Marcia Hughes, Ph.D., Assistant Director

Of the

Center for Social Research University of Hartford 260 Girard Ave. Hartford, CT 06105

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Nurturing Families Network Annual Evaluation Report, 2012 Executive Summary

The Nurturing Families Network (NFN) home visiting program is a statewide system of continuous care designed to promote positive parenting and reduce incidences of abuse and neglect. The program focuses on high-risk, first-time mothers and services are initiated at or before birth up to five years.

This year's report is divided into 4 sections: NFN Program Overview, 1995-2011; NFN Statewide Annual Evaluation, 2012; NFN Urban Focus, 2012; and Home Visitation for Fathers, 2012. The report provides eligibility data for the 6,058 first-time families screened through the Nurturing Connections program as well as descriptive and outcome data for 2,273 active home visiting participants through the end of the calendar year 2012.

Since 1999, NFN staff have screened over 65,000 first-time families. Thirty-three percent, or 22,564 of these families, have screened at high-risk for maltreating their children and 8,904 families have enrolled in home visiting services in 42 sites across the state. In 2012, 6,058 first-time families were screened by NFN staff, a slight decrease from 2011 data (6,414 first-time families). However, participation rates in 2012 was the highest since program inception with a total of 2,273 families receiving NFN home visiting services; of significance, there was approximately 300 more active families in 2012 than there was in 2011. In recent years (2009-2011) there was an increase in turn-over for home visitors, related to threats to the State budget, which likely impacted participant retention rates. With the rebound in the recession, there has been reported improvement in program stability, and, in turn this has been related to an increase in retention rates in 2012, as below noted, the highest that they have been for the past 5 years.

Retention data over the past ten years shows that 60% of families have remained in the program for at least six months, over 41% of families have remained in the program at least one year, and 33% stay at least 2 years. A total of 447 families have participated the full 5 years since 1995. This year we also report on retention data for yearly cohorts 2002-2007 (i.e., calendar year). All families who enrolled from 2002 through 2007 were tracked to determine if they were retained after 6 months, 1 year, and each consecutive year through 5 years. Retention rates were defined by the number of parents in each cohort who were still enrolled each following year, divided by the total number of parents in the cohort. Of these families (N=2931), who had the opportunity to be in the program for five years, the average length of involvement was 20.6 months.

In 2012, six month and one year retention rates increased greatly at Statewide and at New Haven sites, the highest that they have been for the past five years. Statewide, 68% of families remained in the program for at least 6 months (compared to 60% in 2011), 53% remained in the program for at least 1 year (compared to 41% in 2011), and 29% remained for at least 2 years (compared to 26% in 2011). Conversely, six month and one year retention rates decreased in 2011 for the Hartford sites. There was a slight increase in 2 year retention rates for all three areas: Statewide, New Haven, and Hartford sites.

First-time mothers entering the program in 2012 were struggling financially (71%) and a quarter (25%) of mothers were considered socially isolated. Thirty-nine percent of statewide

participants were teenage mothers and over two-thirds of younger mothers had not yet completed high school when they entered the program in 2012. Over 80 first-time mothers in 5 NFN sites participated in the Support for Pregnant and Parenting Teens (SPPT) program, an NFN collaborative service with the Connecticut State Department of Education.

Outcomes for NFN families statewide in 2012 remain positive. After one and two years, employment and education rates increased for participating mothers, as did mothers' use of public assistance. Additionally, mothers are living independent of families after two years of program participation. Although mothers are making strides in education and employment, they continue to struggle financially, as evidenced by the increased usage of government assistance over time. Participants showed increases in their knowledge and use of resources in their community after one and two years of program participation. Analyses indicate that NFN participants who scored above the cut-off score on the Child Abuse Potential Inventory—Rigidity subscale (CAPI-R) at program entry, significantly decreased their rigid parenting attitudes over time.

Trend data on birth outcomes for the past three years, specifically rates of low birth weight, prematurity and other serious medical problems, have fluctuated. Statewide rates of low birth for NFN mothers increased for the past three years nearing 14% in 2012 as compared with 8.1% for the State of Connecticut. Rates of premature births have fluctuated over the past 3 years, with 13% in 2012, 11% in 2011, and 14% in 2010. Rates of NFN children born with serious medical problems have decreased since 2010 (16%) and was 13% in both 2011 and 2012 program years.

In March 2009, a home visiting program for fathers was initiated at five NFN sites. Over the past two years, Father Home Visiting has expanded to a total of 11 sites across Connecticut. As of the end of 2012, 160 fathers had received home visits with 65 fathers entering NFN in 2012. Twenty-six percent of these participants were teen fathers and 44% did not have a high school education. Forty-one percent of fathers were employed and 88% were struggling financially. Participating fathers came into the program with positive attitudes toward the role of fathers as measured by the Role of Fatherhood Questionnaire. Conversely, at start-up NFN fathers have very high rigid parenting attitudes as measured by the Child Abuse Potential Inventory, Rigidity Scale. While outcomes for participating fathers are preliminary, they do indicate less rigid parenting attitudes after one year and more community involvement after the first 6 months of program participation.

Introduction

Overview of Report

This report is divided into four sections. The first section, **NFN Program Overview**, **1995-2012**, gives a brief description of the evolution and components of the program including Nurturing Connections, Home Visitation, and Nurturing Parenting Groups, and reports on *NFN's aggregate* data for all families who participated in NFN since program inception.

- We compare data across program years on the number of first-time mothers who have been screened for services and present the number of families who received home visitation by program site.
- Participation and retention rates are also compared across program years.
- Analyses of outcome data, specifically change in parents' attitudes and use of community resources over time, is presented for all families who participated in the program since program inception.

The second and third sections report on *NFN's 2012 annual data*. Section two, **NFN Statewide Annual Evaluation, 2012**, reports on data across all program sites statewide. Screening and enrollment for both low-risk and high-risk families are examined.

- Family profiles, including risk factors, social demographic characteristics, household data, education and employment information are described for families receiving home visitation services.
- Data on home visiting program participation, rates of retention, and parent outcomes are analyzed.

Section three, **NFN Urban Focus**, **2012**, reports the progress of the ten program sites in Hartford, the first city to go to scale in 2005, and the seven program sites in New Haven, the second city to go to scale in 2007. In these sections, enrollment, descriptive, and outcome data are examined for high-risk families who received home visitation. We also compare urban data with statewide data on a variety of measures. This is done to highlight differences in demographics that may explain differences in family participation or outcomes.

In the fourth section, **Home Visitation for Fathers**, we describe the fatherhood initiative project that began in 2009. Demographic characteristics and risk profiles are presented for fathers participating in home visitation in eleven NFN sites. Data on program participation and outcomes are also presented.

Analyses of data

Where applicable, family profiles, program participation rates, and outcome data are compared across several years showing trends over time. By charting program performance in the same areas over time, the performance history serves as a basis for judgment; that is, prior performance serves as a benchmark for current performance.

In addition, we use a pre-post design and analyze change in the areas where the NFN program is attempting to impact families by testing mean scores at different points in time for statistical significance using repeated measures analysis of variance tests.

Key findings from analyses are summarized for the following sections: aggregate data across time (since program inception), statewide annual data, Hartford annual data, New Haven annual data, and fathering home visiting.

NFN Statewide System of Care

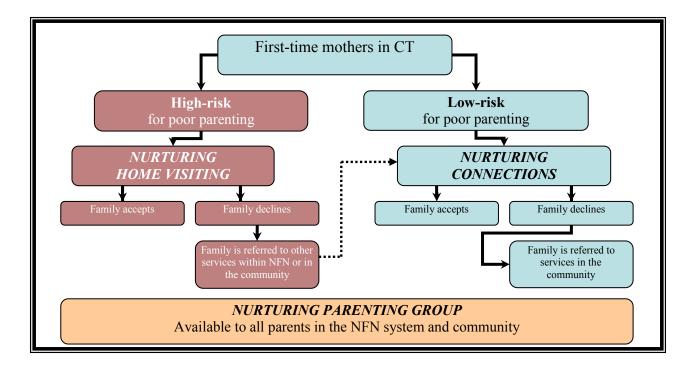


Figure 1. NFN System of Care

The Nurturing Families Network is designed to provide a continuum of services for families in the state. The flowchart illustrates how families enter the NFN system and the various paths they may follow. All NFN services are voluntary, thus there are many steps at which families can either refuse services or be referred to other community services.

NFN Program Components

NFN's mission is to work in partnership with first-time parents by enhancing strengths, providing information and education, and connecting them to services in the community when needed. It is made up of three components:

- *Nurturing Connections* Nurturing Connections staff conduct the screening of all first-time mothers, identifying parents at low-risk or high-risk for poor parenting and child maltreatment. Nurturing Connections staff also provide telephone support and referral services for low-risk mothers
- *Nurturing Home Visiting* High-risk families are referred to Nurturing Home Visiting for intensive parent education and support in the home, and home visitors help link families with needed resources and assistance for up to five years.
- *Nurturing Parenting Groups* Community-based parenting education and support groups are offered to all families at various risk levels, including parents who enter the NFN system as

Section 1 NFN Program Overview

Program Overview, Summary of Key Findings, 1995-2012

Screenings and Program Participation

The Nurturing Families Network, a system of care that provides a continuum of services to first-time mothers, has expanded its service across the state over the past 16 years. NFN has expanded it's program service to fathers since 2009. With this expansion there has been a comparative increase in screenings and program participation. Since 1995, the NFN program increased from two to forty-two program sites.

- In 2012 6,058 mothers were screened for services and 2,356 families received home visiting services, a slight increase from 2010 and 2011.
- Since 1999, a total of 68,403 first-time mothers have been screened for services. Across the years, 1999 to 2012, 33% or 22,564 of the first-time mothers screened were identified as at high-risk for poor parenting.
- A total of 8,904 families identified as high-risk have received home visitation services since 1995.
- At the end of the 2012 program year, there were 1,505 active home visiting participants.

Retention Rates and Outcome Data

Families participating in Home Visitation services can receive intensive services in the home for up to 5 years.

- On average, 69% of families participated in the NFN program at least 6 months, 50% for one year, 31% for two years. A total of 447 families have participated the full 5 years since 1995.
- The average involvement in the program, for those families who have had the opportunity to be in the program for five years (1995–2006), is approximately 21 months since program inception.
- Families who have participated in the program for 1, 2, 3, 4 and 5 years show significant change on measures of rigid parenting and utilization of community resources for each year of their participation.

Nurturing Connections: Screening First-Time Mothers 1999-2012

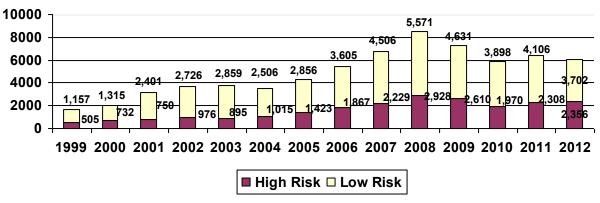
The Nurturing Connections component was first established in 1999 as an initial step in providing universal screening of all first-time mothers in Connecticut. It is currently operating out of all 29 birthing hospitals in the state. Screenings are also conducted in clinics and community agencies. One of the goals for NFN is to reach as many families as possible at the prenatal stage. As shown, the Revised Early Identification (REID) screen, used to determine eligibility and risks for child maltreatment, consists of 17 items that research has shown increases the probability of child maltreatment. In order to screen positive (i.e., high-risk) on the REID, a person must have either (a) three or more true items, or (b) two or more characteristics if one of them is item number 8, 11, 14, or 15, or (c) have eight or more "unknown" items (i.e., information on at least 8 items is not available).

The percentages of first-time mothers that scored as high risk by year are as follows: 1999–30%, 2000–36%, 2001–24%, 2002–26%, 2003–24%, 2004–29%, 2005–33%, 2006–34%, 2007–33%, 2008–34%, 2009–36%, 2010–34%, 2011–36%, and 2012—39%. On average, 32.4% of these families have been identified as high-risk. In 2012, 6,058 first-time parents were screened; 3,702 families were identified as low-risk, and 2,356 (39%) families were identified as high-risk, much higher than the overall average, and the highest annual rate of high risk families since 1999.

Figure 2 shows that as the program sites expanded across the state, there has been a comparative increase in screenings. The biggest increases occurred with the expansion in Hartford in 2005, and a similar expansion in New Haven which started late 2007 and into 2008. In 2009, 2010, and 2011, there were decreases in the number of completed screens. This is reasonable, programmatically, due to many sites reaching capacity; majority of program

The Revised Early Identification (REID) **Screen for Determining Eligibility** 1. Mother is single, separated, or divorced 2. Partner is unemployed 3. Inadequate income or no information 4. Unstable housing 5. No phone 6. Education under 12 years 7. Inadequate emergency contacts 8. History of substance abuse 9. Late, none, or poor prenatal care 10. History of abortions 11. History of psychiatric care 12. Abortion unsuccessfully sought or attempted 13. Adoption sought or attempted 14. Marital or family problems 15. History of, or current depression 16. Mother is age 18 or younger 17. Mother has a cognitive deficit

Figure 2. Number of First Time Families Screened, 1999-2012



Program Sites and Families Served Since 1995

Table 1 shows that by the end of 2012, there was a total of 8,904 families who received home visiting services at 42 sites since NFN program inception in 1995. Note that the total number of families served at NFN sites includes 120 families who received services at more than one site. In the Hartford region, 5 of the 10 sites, are Family Resource Centers. There are also 7 NFN program sites in New Haven, CT. In 2011, for the first time, one site closed and in 2012 Yale—New Haven acquired Saint Raphael's Hospital in New Haven. The rate of families served has increased at an average rate of 11% per year since 2010 program year (Data not shown in table). As of the end of 2012, there were 1,505 families who were active participants, which is higher than the 1,267 families in 2011 and the 1,180 families in 2010.

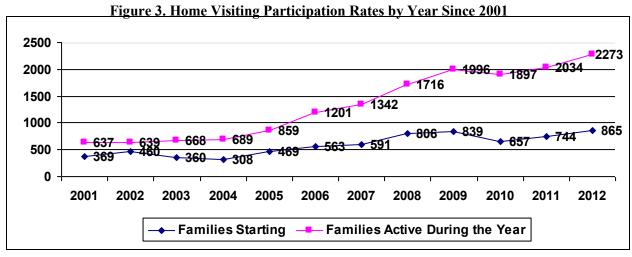
Program Sites	First Year Offered Services	Number of Families Served	Families Active as of end of 2012
Hartford VNA**	1995	658	54
WellPath (Waterbury)**	1995	638	80
So. Central VNA (New Haven)*	1996	520	70
Bridgeport Child Guidance Center*	1996	619	97
ECHN (Manchester)*	1996	558	54
Lawrence & Memorial Hospital (New London)	1998	258	29
Yale/New Haven Hospital**	1998	469	113
Families Network of Western CT (Danbury)	1998	292	20
Family Strides (Torrington)*	1999	345	39
Generations, Inc. (Willimantic)	1999	293	20
Hartford Hospital	1999		Group services only
Family & Children's Agency (Norwalk)	2000	235	60
Madonna Place (Norwich)	2000	301	44
Hospital of Central Connecticut (New Britain)	2000	207	41
Family Centers (Stamford& Greenwich)	2000 & 2006	288	79
St. Francis Hospital**	2000	254	50
Community Health Center (Meriden)	2002	198	44
Middlesex Hospital	2002	161	31
StayWell Health Center (Waterbury)	2002	218	54
Day Kimball Hospital (Putnam)	2005	151	28
Bristol Hospital	2006	113	33
4C's (New Haven)	2006	202	38
Asylum Hill (Hartford)	2005	150	35
El Centro (Hartford)	2005	99	24
Hispanic Health Council (Hartford)	2005	101	22
MIOP (Hartford)	2005	176	25
Parkville (Hartford)	2005	156	37
Village for Families & Children (Hartford)	2005	155	35
Southside (Hartford)	2005	176	18
Families in Crises (Hartford)	2005	121	28
New Milford VNA	2007	50	17
UCONN Health Center (Farmington)	2007	83	21
Community Health Resources (Enfield, Somers)	2007	88	37
City of New Haven Health Department	2007	126	38
Children's Community Programs (New Haven)	2007	100	43
Fair Haven (New Haven)	2007	94	47
Hill Health (New Haven)*	2007	133	Closed 6/11
St. Raphael's Hospital (New Haven)	2008	118	Merged w. Yale 9/1
	TOTAL	8,904	1,505

* These site have more home visitors than other sites

Engaging Families NFN Home Visitation, 1995-2012

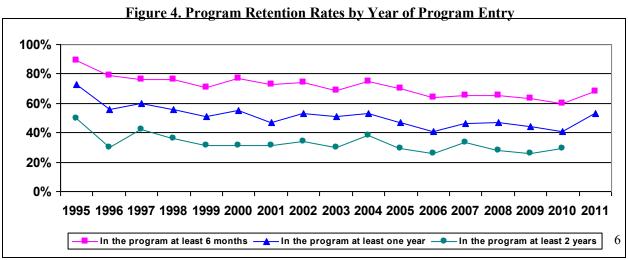
Home Visiting Participation by Year Since 2001

As the program sites expanded across the state, there has been a comparative increase in screenings and participation in the home visiting program. Since 1999, a total of 68,403 first-time mothers have been screened for services. Across the years 1999 to 2012, 33% or 22,564 of mothers who were screened, were identified as high-risk for poor parenting and thus, eligible for home visiting services. Figure 3. shows increased enrollment in Home Visiting with the expansion in Hartford in 2005 and a similar expansion in New Haven in 2007/2008. However, for the first time, there was a decrease in both families initiating HV and screening families in 2010 (as shown on page 4); and a decrease in the total number of families who received services in 2010. This is likely related to impact of economic downturn on program development and functioning. The numbers increased again in 2011 and the largest active family involvement in home visiting services was during 2012.



Program Retention Rates: 6 Months, 1 Year, 2 Years

Families participating in home visiting services can receive intensive services in the home for up to 5 years. Figure 4. shows 6 month, 1 year and 2 year retention rates for each cohort for every program year since program inception in 1995. Over the past ten years, over 60% of families have remained in the program for at least six months, slightly over 41% of families have remained in the program at least one year, and just over a quarter of families (26%) have remained in the program for at least two years. As of 2011, a total of 447 families graduated from the NFN program (i.e., participated in 5 year graduation ceremony). Six month, and 1 year retention rates have increased this past year (2011 cohort) as did the 2 year retention rate (for 2010 cohort); these rates are the highest since 2005. This has been related to a rebound from the recession and reported improvement in program stability.



Retention Rates of NFN Family Cohorts by Entry Year and End of 2012 "Snapshot" of Length of Involvement

Table 2. Retention Rates of NFN Home Visiting Families, Yearly Cohorts 2002 - 2007

All Parents						
	2002	2003	2004	2005	2006	2007
Original Cohort	463	362	315	477	623	691
At least 6 Months	340	253	224	332	403	444
At least 1 Year	246	188	170	228	273	327
At least 2 Years	159	117	109	140	178	221
At least 3 Years	110	87	78	101	120	151
At least 4 Years	81	67	57	71	95	110
At least 5 Years	28	42	29	40	49	52
At least 6 Months	73%	70%	71%	70%	65%	64%
At least 1 Year	53%	52%	54%	48%	44%	47%
At least 2 Years	34%	32%	35%	29%	29%	32%
At least 3 Years	24%	24%	25%	21%	19%	22%
At least 4 Years	17%	19%	18%	15%	15%	16%
At least 5 Years	6%	12%	9%	8%	8%	8%

Retention rates are measured from calendar year to calendar year of program entry in NFN SPSS database.

Home Visiting services provides an intensive parent education and support for up to five years. Yearly cohorts were determined annually by calendar year shown in Table 2. All families who enrolled from 2002 through 2007 were followed to determine if they were retained after 6 months, 1 year, and each consecutive year through 5 years. Retention rates were defined by the number of parents in each cohort who were still enrolled each following year, divided by the total number of parents in the cohort. Of these families (N=2,931) who had the opportunity to be in the program for five years, the average length of involvement was 20.6 months (SD = 20).

Table 3 displays a snapshot of active participants as of the end of 2012 (N = 1,615). Twenty percent of parents were active within 1 month through 5 months and 21% were active between 6 months through 11 months at the end of 2012. Twenty-seven percent of families were active 12 months through 1 year and 11 months (the largest group). Thirteen percent of parents were active for 2 years through 2 years and 11 months, and 11% were active for 3 years through 3 years and 11 months as of the end of 2012. Eight percent of parents were active 4 years through 4 years and 11 months, while 1% were active 5 years and were thus close to graduation. In addition, there were fifty-two parents who graduated the NFN program in 2012.

Table 3. Length of Involvement for Families Active as of 12/31/2012	N=1615
Active 1 month to 5 months	20%
Active 6 months to 11 months	21%
Active 12 months to 1 year and 11 months	27%
Active 2 years to 2 years and 11 months	13%
Active 3 years to 3 years and 11 months	11%
Active 4 years to 4 years and 11 months	8%
Active 5 years	1%

Change in Parenting Attitudes and Utilization of Community Resources Over Time, 2005-2012

In Table 4 we present outcome data on the Child Abuse Potential Inventory—Rigidity subscale (CAPI-R), a self-report standardized instrument designed to measure rigid parenting beliefs for all families who participated in NFN since 2005. Data on the CAPI-R were analyzed separately (in a repeated measures analysis of variance) for all mothers who were active for one, two, three, four, and five years and who had completed the CAPI-R for each year that they participated. Consistent with past reports (Damboise & Hughes, 2011) the scores indicate that families showed significant reductions in their risk for abuse/neglect in each annual analysis.

Table 4. Change in Rigid Pa 1, 2 3, 4 and 5 Year Particip	0					
1 Year Capi R (N=1030)	Entry	1 Year				
Rigidity	27.7	22.38***	-			
2 Year Capi R (N=411)	Entry	1 Year	2 Year			
Rigidity	28.5	22.9	20.4***			
3 Year Capi R (N=172)	Entry	1 Year	2 Year	3 Year		
Rigidity	29.1	23.3	21.4	19.7***		
4 Year Capi R (N=85)	Entry	1 Year	2 Year	3 Year	4 Year	1
Rigidity	31.2	27.3	25.0	22.1	23.2***	
5 Year Capi R (N=42)	Entry	1 Year	2 Year	3 Year	4 Year	5 Year
Rigidity	34.2	29.5	27.8	24.2	25.5	24.2***
* Significant at p<0.05, ** Significant	cant at p<0.0	1, *** Significan	t at p<0.001	(repeated m	easures).	1

In Table 5, we present outcome data on the Community Life Skills (CLS) scale, an instrument that measures knowledge and use of community resources, for all families who have participated in NFN since 2004 (when the CLS was first introduced). The CLS is broken down into several subscales; transportation, budgeting, support services, support/involvement, interests/hobbies, and regularity/ organization/routines. Data on the total CLS were analyzed separately (in a repeated measures analysis of variance) for all mothers who were active for one, two, three, four, and five years and who had completed the CLS for each year that they participated. Significant, positive changes on the CLS at each annual administration indicate families have increase knowledge and use of community resources.

Table 5. Change in Utiliza Resources for 1, 2 3, 4, an 2004-2011		•				
1 Year CLS (N=1672)	Entry	1 Year				
Total Score	23.8	25.8***				
2 Year CLS (N=777)	Entry	1 Year	2 Year			
Total Score	23.9	26.0	26.5***	1		
3 Year CLS (N=413)	Entry	1 Year	2 Year	3 Year		
Total Score	24.0	26.0	26.5	27.0***	-	
4 Year CLS (N=209)	Entry	1 Year	2 Year	3 Year	4 Year	
Total Score	23.8	25.9	26.3	26.9	27.0***	-
5 Year CLS (N=103)	Entry	1 Year	2 Year	3 Year	4 Year	5 Year
Rigidity	24.0	25.0	26.3	26.9	27.1	28.5***
* Significant at p<0.05, ** Signi	ficant at p<0.0	1, *** Signific	ant at p<0.0	01 (repeated	measures).	1

Section 2 Statewide NFN Annual Evaluation 2012

Screening/enrollment, demographic characteristics, risk profiles, participation and retention rates, and program outcomes for NFN statewide (i.e., 41 program sites) are reported in Section 2. Below is a summary of highlights.

Screening and Enrollment

- The total number of families screened for NFN services are 5,868 in 2010 to 6,414 in 2011 to 6.058 in 2012.
- Of the 3,702 families who screened at low-risk in 2012, 63% were offered Nurturing Connections phone support and referral services, and 46% of those offered, accepted services (N=1,063).
- Home visiting enrollment data in 2012 show that 60% of high-risk families who were offered home visiting initially accepted services. Of those that accepted, 68% followed through with the Kempe Family Stress Inventory, and 95% of those families (N= 824), then went on to initiate home visiting services.

Demographic and Risk Profiles of Entering Families

- Data from the Kempe Family Stress Inventory indicate that NFN mothers are dealing with multiple and significant stressors in their lives, such as financial strains, relationship issues, poor mental health, substance abuse, and domestic violence.
- Data gathered by the home visitors at mothers' 2012 program entry showed that the majority (86%) of mothers are single, or never married when they enter the program. Thirty-eight percent of NFN mothers experienced severe maltreatment as children. Further, 39% of mothers are teenage mothers, 71% experience financial difficulties, 25% are socially isolated, and 18% of mothers have an arrest history.
- There has been an upward trend statewide in the rates of prematurity and low birth weight for NFN children over the past 3 years.

Participation and Retention Rates

- Similar to previous years, families received an average of two home visits per month.
- There was an increase in the rates of retention for the first time in 5 years.

Program Outcomes

- Data on the Community Life Skills scale indicate families improve in connecting to others in the community and accessing both financial and social resources.
- Similarly, NFN mothers made statistically significant gains in life course outcomes during the course of their participation in the program. After two years, mothers were more likely to have graduated from high school, be employed full-time, and live independently of other family members.
- Mothers participating in the program for one and two years, and who averaged at or above the CAPI-R cutoff score, significantly reduced their rigid parenting attitudes.

NFN Program Enrollment, Statewide Data, 2012

In this section, we provide enrollment data for those who screened at low-risk and those who screened at high-risk NFN staff offer the program to families during a face-to-face meeting (generally at the hospital or prenatal clinic), where they de-

Table 6. Disposition of NFN Families Identified as Low-Risk, Statewide Data, 2008-2012									
2008 2009 2010 2011 2012 N=5413 N=4631 N=3898 N=4106 N=3702									
Offered Nurturing Connections	3529 (60%)	3095 (67%)	2740 (70%)	2689 (65%)	2329 (63%)				
Accepted Nurturing 1804 1743 1508 1469 1063 (55%) (56%) (55%) (55%) (46%)									

scribe NFN services and parent voluntary involvement.

Disposition of Low-Risk Screens in 2012

In 2012, 3,702 (61%) parents out of 6,058 parents were identified at low-risk on the REID screen. Approximately sixty-three percent of those mothers were offered Nurturing Connections telephone support and referral services; of those offered, a total of 1,063 (46%) parents accepted services.

As shown in Table 6, the percentage of Nurturing Connections acceptance rates decreased by 9% from 2011 to 2012 (from 55% to 46%).

Disposition of High-Risk Screens in 2012

Table 7 provides the enrollment data for the past five years for families who screened at high-risk. The percentage of families accepting Home Visiting increased 51% from 2008 to 2012 (from 38% to 60%). Programmatic changes in the enrollment process starting in 2009 show an increase in percentage of mothers who accepted home visiting from 2008 to 2009 but a comparative decrease in rates of mothers who completed the Kempe Family Stress Inventory (Kempe) assessment (from 98% to 71%). This rate remains stable for the following years, 2010 -2012, ranging from 66% to 69% of mothers who had initially accepted home visiting who then moved on to complete the Kempe.

In 2012, 2,356 parents were identified at high-risk on the REID screen of which 86% were offered home visiting services. Sixty percent of mothers who were offered home visiting services, accepted services and slightly over two-thirds of those who accepted services were assessed using the Kempe. Ninety-five percent, or 780 parents of those who were interviewed and assessed, began participation in the home visiting services. Relative to the number of parents participating in the Kempe assessment and then initiating home visiting services in the previous 4 years, there has been a slight increase in the actual number of parents who initiated home visiting services in 2012.

Table 7 Disposition of NFN Families Identified as High-Risk, Statewide Data, 2008-2012								
	2008	2009	2010	2011	2012			
Number Identified	N=2835	N=2610	N=1970	N=2308	N=2356			
Offered Home Visiting	2088 (74%)	2105 (81%)	1572 (81%)	2030 (88%)	2023 (86%)			
Accepted Home Visiting	803 (38%)	1126 (54%)	938 (60%)	1144 (56%)	1214 (60%)			
Received Kempe Assessment	788 (98%)	805 (71%)	645 (69%)	758 (66%)	824 (68%)			
Initiated Home Visiting	729 (93%)	747 (93%)	592 (92%)	743 (98%)	780 (95%)			
Offered Nurturing Connections	732 (26%)	779 (30%)	562 (29%)	525 (23%)	529 (22%)			
Accepted Nurturing Connections	420 (57%)	390 (50%)	312 (56%)	249 (47%)	248 (47%)			

Barriers to Program Enrollment, NFN Statewide Data, 2012

There are various reasons why families who are eligible for home visiting services are not offered services, such as:

- Programs are at capacity
- Unable to screen/have face-to-face contact with mothers in hospital
- Families have an open DCF case
- Families live outside of the catchment area
- Families speak a different language than NFN staff.

As shown in Table 8, the capacity of the home visiting program was full in more than one third of the cases where home visiting was not offered to a high-risk family (37%). In these cases, home visitors were already conducting between 12-15 home visits per week and could not take any new families. Further, NFN staff could not get face-to-face contact with 22% of families. Either the mother was not available at time of screening and/or mothers give birth on the weekend when the NFN programs do not screen. An additional 17% of families were involved with DCF, and therefore not eligible for program services, and 8% of families lived in an area not covered by NFN services. Lastly, in 3% of cases, the family spoke a different language than the NFN staff. Of the families not offered home visiting, 34% were offered Nurturing Connections services, and 53% of these parents accepted Nurturing Connections after they were offered.

In 2012, 766 families were offered home visiting services but declined. As shown in Table 9, 29% of these families reported that they had enough support and another 29% were not sure if they wanted home visiting. Other reasons for which families did not accept home visiting services included families moving, not enough time for home visiting, and other household members not approving of services. Of the families who declined home visiting services, 66% were offered Nurturing Connections services, and 47% of parents offered Nurturing Connections also accepted services.

Table 8. High-risk Families Not Offered Home Visiting, 2012	N=247
Home visiting was full	37%
Unable to get face to face	22%
contact/family discharged from	
Hospital	
DCF involved	17%
Out of catchment area	8%
Language barrier	3%
Other	13%
Positive families offered	85 (34%)
Nurturing Connections	
# families accepted NC	45 (53%)

Table 9. High-risk Families Of- fered Home Visiting But Did Not	N=766
Accept, 2012	
Family has enough support	29%
Family not sure if they wanted	29%
home visiting	
Other member of household does	9%
not approve	
No time for home visits	8%
Other	25%
Positive families offered Nurturing	532
Connections	(66%)
# families accepted NC	249
	(47%)

Comparison of REID Scores at each level of Recruitment Process, NFN Home Visiting Statewide Data, 2012

Table 10. Comparison of Average Scores on REID between groups for all High-Risk (positive screened) families screened in 2012					
Study Group- All Positive Screen	Mean Score (REID)	Total (N)	Score Range (REID)		
All Positive Screened Families	5.28	N = 2357	0 - 20.00		
Eligible but Not Offered Home Visiting Services	5.14	333	3.00 – 20.00		
Eligible but Refused Home Visiting	4.75	807	3.00 – 13.00		
Accepted Home Visiting- no completion of Kempe Assessment (not enrolled)	5.46	371	0 – 14.00		
Accepted Home Visiting- Completed Kempe Family Stress Assessment but did not complete first Home Visit (not enrolled)	6.70	66	3.00 – 15.00		
Completed First Home Visit (enrolled in program)	5.68	780	0 – 16.00		

Table 10. shows average scores on the REID screen for high-risk mothers at the different levels of the NFN recruitment process: Eligible but Not Offered HV services, Offered HV but Refused Services; Accepted HV but did Not Complete Kempe Family Stress Assessment; Accepted HV and completed Kempe Family Stress Assessment and did not Participate in HV services; and Completed First Home Visit.

In order to compare average scores on the REID screen (risk factors) between groups at each step of the recruitment process for all families who were screened in 2012 (N = 2357), a one-way between-groups analysis of variance was conducted.

There was a significant difference in REID scores: F(4, 2352) = 21.96, p < .001. Posthoc comparisons indicated that the average scores for Completed First Home Visit (n = 780; M = 5.68, SD = 2.7) was significantly higher than all groups except for parents who completed the Kempe Assessment after they accepted Home Visiting Services (n = 66; M = 6.7, SD = 2.75).

Means scores for families who Refused Home Visiting after offered home visiting was significantly lower than the mean scores of the four other groups (Eligible but not Offered Home Visiting Services, Accepted Home Visiting but did not complete Kempe, Completed Kempe assessment, but did not complete first Home Visit, and Completed First Home Visit). Another notable sub group were families who were Eligible but not offered Home Visiting Services. This group's REID scores were significantly lower than families who 'Received a First Home Visit' and lower than families who 'Completed the Kempe, but did not Complete the First Home Visit (i.e., did not enroll).'

All in all, the results of this analysis indicates that families with the highest risk factors are those who enroll in the program (i.e., complete first home visit).

Risk Profiles: Mothers' Kempe Scores, Statewide Data, 2012

The Revised Early Identification (REID) screen is used to determine eligibility for home visiting services. However, data gathered using the Kempe Family Stress Inventory (Kempe) (administered after family accepts services and before home visiting begins) provides a more nuanced profile of participating families.

Total Kempe scores (low, moderate, high, severe risk) are provided by year in Table 11 for the past 4 years. These data show a slight decrease of level of stress from year to year, with the highest stress shown in 2009 mothers.

As shown in Table 12, reported highest rates of stressors for incoming families in 2012 were exposure to Childhood History of Abuse/Neglect, and Multiple Stresses, with 38% and 38% of mothers, respectfully scoring in the severe range. Those scoring in the severe range on the Childhood History of Abuse/Neglect subscale include mothers

Table 11. Mothers' Total Scores on the Kempe Family Stress Inventory, Statewide Data, 2009–2012	2009 N=773	2010 N=645	2011 N=669	2012 N=680
Low Risk (0-20)	33%	34%	35%	41%
Moderate Risk (25-35)	34%	36%	37%	33%
High-risk (40-60)	30%	28%	25%	23%
Severe Risk (65-100)	3%	3%	3%	2%

,					
Table 12. Mothers' Scores on the		0		5	10
Kempe Family Stress Inventory	L	ow	Mo	oderate	High/
Statewide Data, 2012					Severe
Multiple Stresses (N=677)	2	6%		36%	38%
Childhood History of Abuse/Neglect (N=672)	4	4%		18%	38%
Low Self-esteem/ Social Isolation/ Depression (N=677)	3	0%	:	51%	19%
History of Crime, Substance Abuse, Mental Illness (N=671)	5	2%		27%	21%
Potential for Violence (N=653)	8	1%		8%	11%
Child Unwanted/ Poor Bonding (N=677) 1	9%	,	74%	7%
Unrealistic Expectation of Child (N=66	1) 6	7%		28%	5%
CPS History (N=664)	9	1%		5%	4%
Harsh Punishment (N=642)	8	8%		8%	4%
Negative Perception of Child (N=637)	8	9%		9%	2%
Mean total score (N=680)				27.5	

who were severely beaten, sexually abused, or were raised by more than two families. Those scoring in the severe range on the Multiple Stresses subscale struggle with financial stressors, interpersonal relationships, and significant life changes.

Slightly less than a fifth of mothers scored in the severe range on the Low Self-Esteem/Social Isolation/Depression subscale and slightly over a fifth of mothers scored in the severe range on the History of Crime, Substance Abuse, Mental Illness subscale.

Families at Acute Risk

Within the NFN population of high-risk families, there is a subgroup of participants who are experiencing particularly acute levels of risk. NFN policy defines a family facing acute stress as one that is experiencing an unaddressed mental health problem, untreated substance abuse, or an episode of domestic violence. When a family is experiencing acute stress, the NFN clinical supervisor and home visitor attempt to link the family with appropriate services and, based on the family's responsiveness with those additional services, decide if the family is still appropriate for NFN home visiting services. In 2012, 7% of families were experiencing acute stress when they entered home visiting (data not shown here). This is relatively similar to rates of acute stress in 2011 (7%) and in 2010 (6%). At program entry, families experiencing acute mental health was noted most often, followed by substance abuse, then interpersonal violence. Further, 7.4% of active NFN families (N=2275) were experiencing acute stress at some point in the 2012 year.

Home Visitation Families at Program Entry Statewide Data, 2012

Mothers' Household and Demographic Information

Home visitors document families' demographic characteristics within the first month of program services. These data are presented in Tables 13, 14, and 15. Note that only 2012 household data and mothers' social/risk factors are presented in Tables 13 and 14.

- 40% of participating home visiting mothers were screened prenatally in 2012, similar to 2011.
- 32% of participants were living with their mothers.
- Fathers/partners were living in 37% of the households.
- As reported by the mothers at program entry, 68% of fathers (residing with mother of the baby or not) were very involved with their NFN child and another 13% were somewhat involved.
- As with former years, NFN families are racially diverse with Hispanic families representing the largest racial/ethnic group (45%), followed by Whites (27%), Black (20%), and Multiracial or Other (8%) such as West Indian or Filipino.

Mothers' Social/Risk Factors

- As shown in Table 14, home visitors considered 71% of mothers to have financial difficulties and 25% to be socially isolated at time of program entry.
- 18% of mothers in the Home Visiting program had an arrest his-
- 9% of households received Temporary Assistance for Needy Families (TANF) at program entry.
- 32% of mothers received Food Stamps at program entry.

Mothers' Pregnancy & Birth Information

- Health data in Table 15 indicate that 13% of NFN children were born with serious medical problems, which is same percentage to the 2011 cohort entering the NFN program (13%).
- 8% of the mothers smoked cigarettes during pregnancy, a slight decrease from the 2011 cohort (10%).
- 13% of NFN children were born premature, which is higher than the rate of 10% in 2011 and the C7 (Connecticut Vital Statistics Repor
- 14% of NFN children had a low bi Vital Statistics Report, 2007), an in

Table 14. Mothers' Social Problems/Risk Factors, 2012		
Mother's Social Isolation, Arrest Histories, and Financial Difficulties		
Mothers socially isolated (N=704)	25%	
Mothers with arrest history (N=704)	18%	
Mothers with financial difficulties (N=704)	71%	
Households receiving TANF (N=760)	9%	
Mothers receiving food stamps (N=760)	32%	

Γ State rate of 10.5% rt, 2007). That weight, which is higher than the stance from 2010 (11%) and 2011 (129)		8.1% (Con	necticut
Table 15. Mothers' Pregnancy 2010-2012		Informati 2011 N= 632	on, 2012 N=626
Mother smoked cigarettes during pregnancy	7%	10%	8%
0 01 0 1			
Mother drank alcohol during pregnancy	4%	2%	4%
Mother used illicit drugs during pregnancy	5%	5%	5%
Child born with serious medical problems	16%	13%	13%
Born Prematurely (before 37 weeks gestation)	14%	11%	13%
Born Low Birth weight (under 5 lbs 8 oz)	11%	12%	14%
Child has a pediatrician	99%	98%	97%

Table 13. Household Data, Statewide, 2012			
Enrolled Families Screened	40%		
Prenatally (N= 865)			
Mother's Marital Status (N	N=745)		
Single, never married	86%		
Married	11%		
Divorced, separated, wid-	3%		
owed			
Mother's Race/Ethnicity (N=758)		
White	27%		
Black	20%		
Hispanic	45%		
Other/ Multiracial	8%		
Mother Age at Baby's Birth	(N=648)		
Under 16 years	5%		
16-19 years	34%		
20-22 years	24%		
23-25 years	12%		
26 years and older	25%		
Median Age	21 years		
Maternal Grandmother Living in the Household (N=865)	32%		
Father Living in the Household (N=865)	37%		
Father's Involvement Wit (N=422)	h Child		
Very involved	68%		
Somewhat involved	13%		
Sees child occasionally	4%		
Very rarely involved	1%		
Does not see baby at all	15%		

Education and Employment Rates at Program Entry Statewide Data, 2012

Table 16. Mothers' Life Course, Statewide, 2012	19 and younger	20 and older
Mother Education	(N=217)	(N=343)
Eighth grade or less	4%	3%
More than 8 th grade, < high school	65%	15%
High school degree or GED	20%	32%
Vocational training or some college	11%	36%
College degree or graduate work	0%	15%
Mother Enrolled in School	(N=221)	(N=340)
Yes	55%	10%
Employment Status	(N=216)	(N=338)
Mother not employed	83%	68%
Mother employed	17%	32%
Full-time	3%	13%
Part-time/ occasional work/ working more than one job	14%	15%
Employed Prior to Pregnancy	(N=197)	(N=317)
Yes	27%	64%

Mothers' Life Course Information

Mothers' education and employment data are presented in Table 16, separating mothers who were 19 years or younger when they had their child from those who were 20 and older. These data were separated due to different expectations in employment and education based on mother's age.

- 69% of the younger cohort of mothers had less than a high school education at program entry, and a total of 55% of young mothers were enrolled in school. Specifically, of the 150 young mothers who had not completed high school, 97 (65%) were enrolled in middle school, high school, or a GED program. In comparison, 18% or 62 mothers of the older cohort had not completed high school and of those mothers older than 20, 8 or 13% were enrolled in school at program entry.
- 27% of the younger cohort of mothers were employed prior to pregnancy; 20% of mothers remained employed when they entered NFN. For the older cohort, 64% were employed prior to pregnancy and only 44% of these older mothers were employed at program entry.

Home Visitation Participation, Statewide Data, 2012

Table 17. Program Participation Rates, 2008-2012					
Frequency of Home Visits & Program Participation	2008 N=1716	2009 N=1997	2010 N=1897	2011 N=2034	2012 N=2275
Average # of attempted home visits	2.9	2.8	2.9	2.9	2.9
Average # of completed home visits	2.1	2.1	2.2	2.2	2.3
Average # of office/out of home visits	0.1	0.1	0.1	0.1	0.1
Average # of NFN social events attended	0.1	0.1	0.1	0.1	0.1
Total # of visits completed	2.3	2.3	2.4	2.4	2.5

Fig 5. Six month, 1 year, and 2 year Program Retention Rates by Year of Program Entrance

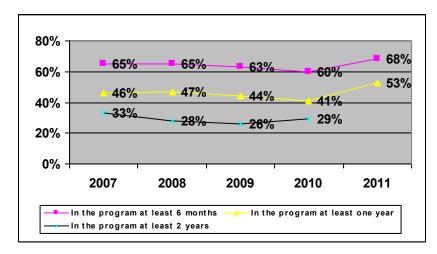


Table 18. Reasons Families Leave the Program, 2008-2012

Reasons Families Left NFN	2008 N=608	2009 N=846		2011 N=784	2012 N=653
Home Visiting					
Family moved out of service area	16%	17%	19%	16%	16%
Unable to locate mother	36%	37%	34%	33%	32%
Discharged, family was noncompliant	0%	0%	0%	0%	0%
Family decided to discontinue services	16%	15%	13%	13%	16%
Working or in school full-time, no time for home visits	13%	13%	14%	14%	14%
Goals were met/family graduated	8%	7%	8%	10%	10%
Baby removed from home by DCF	2%	2%	2%	2%	2%
Discharged, family was not appropriate for the	1%	1%	2%	<1%	1%
program					
Other family member did not approve of	<1%	1%	<1%	<1%	<1%
services					
Home visitor left the program	2%	3%	4%	4%	0%
Other	4%	5%	3%	8%	8%

Program Participation Rates

Majority of services take place in the home and, on average, families receive 2 home visits per month out of an attempted 3, as shown in Table 14. Rates of program participation have remained stable over the past 5 years.

Program Retention Rates

Six month, one year, and two year retention rates are shown in Figure 5 by the year families enter the program. For families who entered the program in 2011, 68% remained in the program for at least six months, and 53% remained in the program at least one year, an overall increase from the previous 5 year cohorts. Regarding the two year retention rate beginning with the 2010 cohort, 29% of families entering the program participated for two years, a slight increase from the 2009 cohort. Of significance, there was approximately 300 more active families in 2012 than there was in 2011. With the rebound in the recession, there has been reported improvement in program stability, and, in turn this has been related to an increase in retention rates. Finally, of all the families who had the opportunity to be in the program for five years, the average length of involvement is approximately 21 months.

Reasons Families Leave NFN

As shown in Table 15, the reasons why families ended services in 2012 were due to:

- Almost half of families (48%) moved out of the service area or the staff were unable to locate family at their known address.
- 14% of families were no longer available for services (working or in school).
- 8% of families made a decision to leave the program for unspecified reasons.
- 10% of families met their personal goals or family graduated the program. Of those 65 families, 81% graduated after 5 years from home visiting services.

Statewide Parent Outcomes, 2012 Change in Utilization of Community Resources

The Community Life Skills (CLS) scale is a self-report standardized instrument that measures knowledge and use of resources in the community. The CLS produces an overall score as well as scores on six subscales: Transportation, Budgeting, Support Services, Support Involvement, Interests/Hobbies, and Regularity/Organization/Routines. The overall (Total) score on the CLS ranges from 0-33, with higher scores indicating more effective use of community resources.

- As shown in Table 19, data on the Total CLS scale and each of the subscales were analyzed separately (in a repeated measures analysis of variance) for mothers who participated 1 year (N= 226) and 2 years (N=115).
- Analyses for both one and two year participants showed statistically significant changes on the Total scale and on the majority of the subscales; the only exception was the Interests/Hobbies subscale and Regularity/ Organization/ Routines after 1 year.
- The greatest effect size at 1 year comparison was shown on the Total score; Statistical analysis indicated a medium effect between the pre and post scores (Cohen, 1992). This means that mothers have an increased ability to reduce the levels of personal/ familial stress by becoming more knowledgeable on available resources and how to access them, and are becoming more stable in terms of daily routine.

Table 19. Change in Mean S Community Life Skills Scale Participants			
Community Life Skills Scale 2011-2012	Program Entry	1 Year	
Total (N=226)	24.8	26.5***	
Transportation	3.3	3.6***	
Budgeting	3.7	3.9***	
Support services	4.5	4.6*	
Support/Involvement	4.5	5.1***	
Interests/Hobbies	2.7	2.8	
Regularity/Organization/ Routines	7.0	7.1	
Community Life Skills Scale 2010-2012	Program Entry	1 Year	2 Year
Total (N=115)	24.9	26.9	27.7***
Transportation	3.2	3.5	3.7***
Budgeting	3.6	3.8	4.1***
Support services	4.2	4.5	4.7***
Support/Involvement	4.8	5.3	5.3***
Interests/Hobbies	2.7	2.9	3.1***
Regularity/Organization/ Routines	6.8	7.1	7.1*
*p<.05 **p<.01 ***p<.001		1	L

Change in Mothers' Life Course Outcomes, Statewide Data, 2012

Home visitors administer a questionnaire on life course outcomes at entry, and once per year (up to 5 years) for each family active in the program. As shown in Table 20, change in each of the life course outcomes was analyzed separately for one year (2011-2012) and two years (2010-2012) (in a repeated measures analysis of variance) for mothers who completed the questionnaire each year they participated. (Note: Different N size for each time point is due to missing/unknown data.)

Education, Employment, Independent Living

• Mothers who received one year of NFN services made significant gains in education, with 73% earning at least a high school degree at 1 year compared to 64% at entry, obtaining employment (27% at entry vs. 44% at 1 year), and living independently (35% at entry vs. 53% at 1 year). After two years of NFN services, employment and independent living significantly increased: 41% were employed compared to 20% at program entry and 51% were living independently of family compared to 26%.

Social Isolation

• Home visitors' assessed significantly fewer mothers as socially isolated after two years (5%) as compared to program entry (17%). The decrease after one year was also significant.

Financial Difficulties

- Use of Food Stamps increased significantly for 1 and 2 year participants.
- Use of WIC increased for 1 year and 2 year participation but were not statistically significant. These data indicate that although mothers are receiving more education and are better employed, they continue to struggle financially. However, they are connected to financial resources as needed.

Table 20. Change in Mothers' Life Course Outcomes for 1 & 2 Year Participants, Statewide Data				
Mothers' Living Circumstances: 2011-2012	N	Entry	1 Year	
Mothers with at least a high school education	237	64%	73%***	
Mothers employed	233	27%	44%***	
Mothers employed full-time	273	11%	19%***	
Mothers enrolled in school	242	34%	29%	
Mothers experiencing financial difficulties	230	70%	69%	
Mothers socially isolated	222	28%	16%*	
Mothers living independently of family	230	35%	53%***	
Mothers receiving TANF	236	8%	11%	
Mothers receiving Food Stamps	235	29%	43%***	
Mothers receiving WIC	235	79%	84%	

Mothers' Living Circumstances: 2010-2012	N	Entry	1 Yr	2 Yr
Mothers with at least a high school education	91	63%	66%	69%
Mothers employed	97	20%	32%	41%***
Mothers employed full-time	104	6%	12%	17%**
Mothers enrolled in school	94	30%	33%	28%
Mothers experiencing financial difficulties	84	73%	73%	65%
Mothers socially isolated	83	17%	6%	5%**
Mothers living independently of family	96	26%	43%	51%***
Mothers receiving TANF	96	9%	13%	13%
Mothers receiving Food Stamps	92	25%	36%	46%***
Mothers receiving WIC	92	82%	91%	89%
*p<.05 **p<.01 ***p<.001		1	1	

Change in Mothers' Attitudes & Potential for Abuse, Statewide Data, 2012

Child Abuse Potential Rigidity Subscale

The Child Abuse Potential Inventory (CAPI) is a self-report standardized instrument designed to measure someone's potential to abuse or neglect a child. We use the Rigidity Subscale of the CAPI (CAPI-R) to assess changes in rigid parenting attitudes over time. A significant decrease on the Rigidity subscale reveals that a mother is less likely to feel that her children should, for example, *always* be neat, orderly, and obedient. Mothers who have less rigid expectations of their children are less likely to treat their children forcefully.

The average score for a normative population on the CAPI-R is 10.1 with a standard deviation of 12.5. The cut off score on the Capi-R is 30, with only 5% of the general population scoring at or above this score.

• The CAPI-R data show us that NFN mothers come into the program with scores indicative of high risk. In 2012, NFN mothers came into the program with an average score of 26.6(N=727),

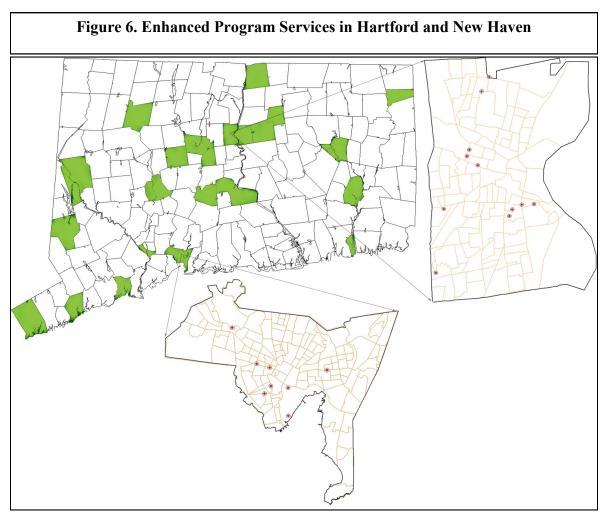
- more than one standard deviation above the normative mean. Further, while only 5% of the general population scores at or above the cut-off of 30, 35% of the 2012 NFN cohort (N=727) did at program entry.
- As shown in Table 21, mothers who participated in the program for one and two years made statistically significant improvements on the Rigidity subscale, indicating a reduction in their risk for maltreating their children.
- We performed a separate analysis of CAPI-R data for mothers who scored at or above the cutof score and those who scored below the cut-off score at program entry. As shown in Table 22, there were significant decreases in CAPI-R scores at both the 1 year and 2 year data points for mothers who scored at or above the cut-off at program entry. Scores also dropped below the cut the cut-off. Conversely, there were no significant decreases in scores for those who were below the cut-off at program entry.

Table 21. Change in Mea the Child Abuse Potential Subscale for 1 and 2 Year Statewide Data, 2012	Inventory	Rigidity	
CAPI Rigidity Scores 2011-2012 (N=253)	Entry	1 Year	
Rigidity	24.8	18.9***	
CAPI Rigidity Scores 2010-2012 (N=112)	Entry	1 Year	2 Year
Rigidity	29.2	21.9	18.4***
* p<.05 ** p<.01 ***	* p<.001		

Table 22. Change in tory Rigidity Subscars, Statewide Da	ale for 1 ar								
CAPI Rigidity 2011-2012	CAPI Rigidity Scored Below Cut-Off Scored At or Above Cut-								
Rigidity	Entry	1 Year		Entr	Entry 1 Year				
Mean Score	14.7	1	13.6		2.4 28.1***				
CAPI Rigidity Scores 2010-2012	Scored Bo	elow Cut-Ot (N=57)	ff at	Entry	Intry Scored At or Above Cut-Off at Entry (N=55)				ıt-Off at
Rigidity	Entry	1 Year	2	Year	E	ntry	1 Year		2 Year
Mean Score	16.6	15.5		12.3*		42.2	28.	7	24.7***
* p<.05 ** p<.01	*** p<.(001						·	

Section 3 NFN Urban Focus, 2012

In 2005, Hartford was targeted as the first city in Connecticut to "go to scale"- that is, to screen all first-time mothers for home visitation services in the city. Accordingly, the NFN home visitation program was expanded from two to ten program sites within Hartford. At the end of 2007, New Haven was the second city to go to scale, from three to eight program sites (now seven sites, see Table 1). Taking the program to scale in urban communities is an attempt to target parenting practices among vulnerable families who often reside in resource-deprived neighborhoods. This section reports on the progress of the ten program sites in Hartford, and the seven program sites in New Haven. In these sections, enrollment, descriptive, and outcome data are examined for high-risk families who received home visitation. Where relevant, urban data are compared with statewide data on measures. This is done to highlight differences in demographics which may explain differences in family participation or outcomes.



2012 Hartford Data Analysis: Summary of Key Findings

In this next section, enrollment, demographic and risk characteristics, participation and retention rates, and outcome data are examined for high-risk families who received home visitation in NFN sites of Hartford, CT. Below are of highlighted interest.

Program Capacity and Enrollment of Families

- In 2012, 1,391 first-time mothers were screened for risk in Hartford and 876 (63%) of these first-time mothers were identified as at low-risk for poor parenting. Thirty-four percent of these mothers were offered Nurturing Connections phone support and referral services.
- Of the 1,391 first-time mothers screened in 2012, 515 (or 37%) were identified high-risk for poor parenting. Of these mothers, 463 were offered home visiting and 163 initiated services.

Demographic and Risk Profiles of Entering Families

- In 2012, as measured by the Kempe Family Stress Inventory, Hartford mothers rated highest on stress factors in their previous histories of abuse/ neglect and multiple stresses related to finances and relationships.
- Hispanic mothers are overrepresented in Hartford (45% in Hartford NFN and 62% in the city) whereas Black mothers (20% in Hartford NFN vs. 24% in NFN Hartford) and White mothers (6% in NFN Hartford) are underrepresented in Hartford NFN compared to the citywide population (Census Bureau, 2010).
- In addition, rate of fathers who live in participating households in Hartford are comparable to statewide rates (35% in Hartford compared to 37% statewide), and comparison of rates of fathers involved with their children between Hartford and statewide data show are similar (83% at least somewhat involved in Hartford compared to 81% statewide).
- The rates of premature births (below 37 weeks of gestation) for enrolling mothers in Hartford (9%) was less than Statewide birth outcomes (14%).

Participation and Retention Rates

- Similar to previous years, Hartford families received an average of 2.3 home visits per month out of an attempted 2.9 in 2012.
- In 2012, 63% of families remained in the program for at least 6 months, 46% remained in the program for at least 1 year, and 29% remained for at least 2 years. These data show slight decreases in the 6 month and 1 year retention rates since 2008, whereas the 2 year retention rate increased slightly. This differs from the statewide retention rates which show the highest rates of retention in the past 5 years (see Fig 5, page 14).

Hartford NFN Program Outcomes

- Hartford mothers showed significant increases in their use of community resources after six months, one year, and two years. Specifically, after 6 months and one year of enrollment, significant change was seen in the areas of support/involvement and overall CLS total. After two years of program participation, significant improvement was seen in the aras of accessing support, transportation, support/involvement, and CLS total score.
- Further, mothers who scored at or above the CAPI-R cutoff showed significant decreases in rigid parenting beliefs after six months, one year, and two year.

High-Risk Families and Enrollment in Home Visitation, Hartford 2012

In this section, we provide enrollment data for those who screened at low-risk (and participated in Nurturing Connections) and those who screened at high-risk (and participated in home visiting services) at the Hartford sites in 2012.

Screening

As shown in Table 23, there were a total of 1,391 screens completed at the Hartford sites in 2012, which represents 23% of all screens completed statewide. In Hartford, 63% or 876 families screened at low-risk; 34% or 302 families were offered Nurturing Connections phone support and referral services, and of those offered, 146 (47%) families accepted. Of the instances in which Nurturing Connections services were not offered in 2012, approximately 25% of the time the program was at capacity and 33% of the time the family lived outside the catchment area (data not shown here).

As shown in Table 24, of the 1,391 screens completed in Hartford in 2012, 515 (37%) were identified as high-risk. Of these high-risk families, 90% or 463 families were offered home visiting services, and of those offered, 47% or 163 families accepted and initiated services. With comparable families identified as high risk in 2012 (515 families) and 2011 (587 families), less families initiated services in 2012 (163 families) as compared to 2011 Hartford enrollment data (216 families).

Table 23. Screening in Hartford, 2012			
Total # of screens	1,391		
# Low Risk	876		
Offered Nurturing Connections	302 (34%)		
Accepted Nurturing Connections	146 (47%)		
# High-risk	515		
Offered Home Visiting	463 (90%)		
Accepted Home Visiting	240 (52%)		
Initiated services	163 (68%)		

Table 24. Disposition of Families Identified as High-risk, Hartford Data, 2010-2012					
	2010 (N=1723)	2011 (N=1772)	2012 (N=1391)		
# of Positive Screens	501	587	515		
Offered HV (no 2nd screen)	381 (76%)	469 (80%)	463 (90%)		
Initiated services	152 (40%)	216 (46%)	163 (47%)		

Risk Profiles: Hartford Mothers' Scores on the Kempe Inventory, 2012

2012 Hartford Mothers' Kempe Scores on Individual Items

The Kempe Family Stress Inventory (Kempe) is scored across 10 items, with each item scored either 0 (no/low risk), 5 (moderate risk), or 10 (severe risk), to indicate the presence and severity of past and current stressors. Each of these items, includes a larger set of criteria from which judgments are made, and these criteria provide a much better description of stress; we report on these data for families in Hartford who scored in the severe range focusing on items with the highest rates of severe stress:

- *Multiple Stresses:* Fifty-six (35%) of mothers scored in the severe range on this subscale. Of those mothers, 32 (76%) reported financial concerns as a source of major stress, 24 (57%) reported their living situation was seen as stressful, 16 (38%) experienced multiple separations and/or threats of divorce, and 14 (33%) reported constant conflict in their relationship.
- Childhood History of Abuse/Neglect: Thirty-four (29%) of mothers scored in the severe range on this subscale. Of these mothers, 19 (56%) mothers experienced severe beatings as a child, 13 (38%) were raised by more than two families, 13 (38%) were removed from their home or were abandoned, 13 (38%) have histories of running away from home, 13 (38%) mothers have histories of running away from home, and 11 (32%) were raised in a family with at least one alcoholic or drug addicted parent.
- A sizeable percentage of mothers scored as moderate on other Kempe subscales (Child Unwanted/ Poor Bonding, Low Self-esteem/ Social Isolation/ Depression, and Multiple stresses), which indicate additional concerning scores of family stress and risk for child maltreatment and/ or parenting difficulties.

Families at Acute Risk

As described earlier, according to NFN policy, a family that is experiencing acute stress is one that is facing an unaddressed mental health problem, untreated substance abuse, or an episode of domestic violence. In Hartford in 2012, 12% of incoming mothers were classified as experiencing acute stress, which is greater than the 7% reported statewide. Further, in 2012, 7.1% of all active mothers in Hartford (N=495) were documented as experiencing acute stress at some point during the year. This is slightly relative to the 7.4% reported statewide this year.

Table 25. Hartford Mothers' Kempe Scores, 2012 (N=141)	0 Low	5 Moderate	10 Severe
Multiple Stresses (N=117)	17%	48%	35%
Childhood History of Abuse/Neglect (N=118)	52%	20%	29%
History of Crime, Substance Abuse, Mental Illness (N=117)	63%	25%	12%
Low Self-esteem/ Social Isolation/ Depression (N=117)	21%	61%	18%
CPS History (N=117)	88%	6%	6%
Potential for Violence (N=117)	79%	13%	9%
Child Unwanted/ Poor Bonding (N=116)	29%	65%	6%
Unrealistic Expectation of Child (N=116)	62%	37%	1%
Harsh Punishment (N=115)	92%	4%	4%
Negative Perception of Child (N=111)	90%	9%	1%

Home Visitation Families at Program Entry Hartford Data, 2012

Health Related Risk Factors
Health data provided in Table 26
indicate that:

- 6% of NFN children were born with serious medical problems, 9% were born premature, and 8% with low birth weight. These rates have decreased from previous years and is showing a positive trend that may be important to explore further. Of significance, the rate of premature births in Hartford in 2012 (9%) is lower than the NFN statewide percentage (13%).
- The rate of children born with low birth-weight (8%) is also lower than the state NFN rate of 14%.

Table 27. Household				
Information, Hartford Data, 2012				
Prenatal Screens (N=174)	44%			
Mother's Marital Status (N=1	39)			
Single, never married	88%			
Married	9%			
Divorced, separated, widow	3%			
Mother's Race/Ethnicity (N=1	46)			
White	6%			
Black	24%			
Hispanic	62%			
Other (includes multi-racial)	9%			
Mother age at Baby's Birth (N	=121)			
Under 16 years	7%			
16-19 years	33%			
20-22 years	24%			
23-25 years	10%			
26 years and older	26%			
Median Age	20 y.o			
Maternal Grandmother	31%			
Living in the Household (N=174)				
Father Living in the	35%			
Household (N=174)				
Father's Involvement W/ Chil (N=67)	d			
Very involved	67%			
Somewhat involved	16%			
Sees child occasionally	5%			
Very rarely involved	0%			
Does not see baby at all	12%			

Table 26. Pregnancy & Birth Information, Hartford Data,	
2010-2012	

Health Related Risk Factors	2010 N=97	2011 N=130	2012 N=116
Mother smoked cigarettes during pregnancy	6%	4%	3%
Mother drank alcohol during pregnancy	0%	3%	2%
Mother used illicit drugs during pregnancy	3%	5%	3%
Child born with serious medical problems	15%	14%	6%
Premature Birth (before 37 weeks gestation)	19%	10%	9%
Born Low Birth Weight (under 5 lbs 8 oz)	14%	9%	8%
Child has a pediatrician	100%	98%	89%

Family and Household Data

- Compared to statewide NFN, Hispanic mothers are overrepresented in Hartford NFN(62% vs. 45% in statewide NFN) while White mothers (6% in NFN Hartford vs. 27% in statewide NFN) are underrepresented in Hartford NFN. Black mothers receiving home visiting services in Hartford NFN were proportionate to statewide NFN mothers (24% in Hartford NFN vs. 20% in statewide NFN).
- 44% of participating Hartford mothers were screened prenatally, compared to 40% statewide.
- 88% of Hartford NFN mothers were single/never married (86% statewide).
- Median age at child's birth was 20 years, slightly less than statewide median age (21 years old).
- Slightly less participants were living with their mothers in Hartford (31% vs. 32% statewide).
- Slightly less fathers were living in Hartford NFN households (35%) compared to statewide (37%).
- 73% of Hartford fathers (N= 79) were at least somewhat involved in their child's lives at program entry, compared to 77% statewide.

Financial and Social Risk Factors

- As shown in Table 28, home visitors considered 72% of mothers to have financial difficulties at the time of program entry, which is comparable to statewide percentage (71%). Home visitors perceived 25% of Hartford mothers to be socially isolated, comparable to 25% statewide.
- 15% of Hartford mothers had an arrest history, compared to 18% statewide.
- 11% of Hartford households were receiving TANF, comparable to 9% statewide.
- More mothers were receiving Food Stamps in Hartford (42%) compared to statewide (32%).

Table 28. Hartford Mo Social Isolation, Arrest Histories & Financial Difficulties, 2012	
Socially isolated (N=145)	25%
Arrest history (N=145)	15%
Financial difficulties	72%
(N=146)	
Receiving TANF (N=146)	11%
Receiving Food Stamps (N=146)	42%

Education and Employment Rates at Program Entry Hartford Data, 2012

Table 29. Mothers' Life Course, Hartford Data, 2012					
Mother Life Course Indicators	19 and younger	20 and older			
Education	(N=38)	(N=65)			
Eighth grade or less	8%	2%			
More than 8 th grade, < high school	50%	17%			
High school degree or GED	18%	35%			
Some vocational training/college	24%	40%			
College degree or graduate work	0%	6%			
Enrolled in School	(N=39)	(N=65)			
Yes	51%	12%			
Employment Status	(N=40)	(N=62)			
Mother not employed	78%	69%			
Mother employed	22%	31%			
Full-time	5%	14%			
Part-time job or occasional work	3%	13%			
Employed Prior to Pregnancy	(N=33)	(N=53)			
Yes	42%	59%			

Hartford NFN 2012: Mothers' Life Course Information

Mothers' education and employment data are presented in Table 29, separating mothers who were 19 years or younger when they had their child from those who were 20 and older. These data were separated due to different expectations of employment and education based on mother's age.

- 58% percent of the younger cohort of mothers had less than a high school education at program entry. Of the 22 mothers who had not finished high school at program entry, 18 were enrolled in school.
- The education level of the older cohort in Hartford was comparable to the level of education the older cohort had statewide: 19% had less than a high school degree versus 18% statewide; and 35% had some post secondary education in Hartford, similar to statewide population (32%).
- Rates of employment for the younger cohort of Hartford mothers (22%) differed from employment rates for the younger cohort of statewide mothers (17%). Rates for the older cohort between Hartford NFN and NFN statewide were similar, 31% and 32% respectively.

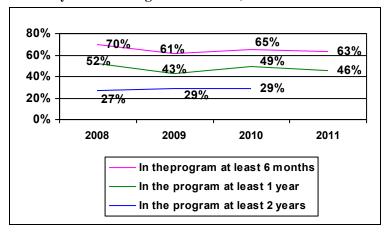
Home Visitation Participation, Hartford Data, 2012

Table 30. Hartford Program Participation, 2010 - 2012				
Frequency of Home Visits	2010 N=440	2011 N=498	2012 N=533	
Average # of attempted home visits	3.0	2.9	2.9	
Average # of completed home visits	2.1	2.1	2.3	
Average # of office/out of home visits	0.1	0.1	0.1	
Average # of NFN social events attended	0.1	0.1	0.1	
Total # of visits completed	2.3	2.3	2.5	

Participation Rates

• Similar to the statewide population, families in Hartford, on average, receive 2 home visits per month (see Table 27) out of an average of 3 attempts. These data have remained consistent over the past three years.

Figure 7.
Six Month, 1 Year, and 2 Year Program Retention Rates by Year of Program Entrance, Hartford Data



Program Retention Rates

• Six month, one year, and two year retention rates for Hartford are shown in Figure 7. For families who entered the program in 2011, 63% remained in the program for at least six months, and 46% remained in the program at least one year, a slight decrease from the 2010 cohort (49%). Of parents who enrolled in NFN in 2010, 29% participated for two years; this rate was the same in 2009 (29%), and a slight increase from the 2008 cohort (27%). These trends differ from the retention rates statewide and in New Haven NFN both of which showed an increase in retention rates for the first time in the past 5 years.

Table 31. Reasons Hartford Families Leave Home Visiting, 2010 - 2012

ô			
Reasons Hartford Families Left the	2010 N-172	2011 N=147	2012 N=104
Program	N=172	N=147	N=194
Family moved out of service area	19%	13%	13%
Unable to locate mother	36%	48%	34%
Discharged, family was noncompliant	0%	0%	0%
Family decided to discontinue services	15%	10%	15%
Working or in school full-time, no time for	12%	17%	15%
home visits			
Goals were met/family graduated	7%	2%	11%
Baby removed from home by DCF	3%	3%	1%
Discharged, family was not appropriate for	3%	0%	2%
the program			
Other family member did not approve of	1%	1%	0%
services			
Home visitor left the program	1%	0%	0%
Other	3%	6%	5%

Reasons Families Leave the Program As shown in Table 31, Hartford families ended NFN home visiting services in 2012 because:

- 47% of families moved out of service area or the staff was unable to locate family at their known address. This rate is comparable to the statewide percentage (48%).
- 15% of families were no longer available for services (working or in school).
- 15% of families made a decision to leave the program for unspecified reasons.
- 11% of families who left the program graduated or met their goals, a higher increase than the previous 2 years.

Utilization of Community Resources Hartford Parent Outcomes, 2012

Community Life Skills Scale (CLS):

The Community Life Skills (CLS) scale is a self-report standardized instrument that measures someone's knowledge and use of resources in his/her community. The CLS produces an overall score as well as scores on six subscales: Transportation, Budgeting, Support Services, Support Involvement, Interests/Hobbies, and Regularity/Organization/Routines. The overall (Total) score on the CLS ranges from 0-33, with higher scores indicating more effective use of community resources.

Entry

Table 32. Change in Mean Scores on
the Community Life Skills Scale
6 Month, 1 and 2 Year Participants,
Hartford, 2012

Community Life

Skills	(N=81)	Months
Total	25.0	26.4**
Transportation	3.4	3.7**
Budgeting	3.5	3.8
Support services	4.5	4.6
Support/Involvement	4.4	4.8*
Interests/Hobbies	2.8	3.0
Regularity/Organization/ Routines	6.7	6.8
C	Entur	1 Year
Community Life	Entry	1 Year
Skills	(N=51)	1 Year
_		27.3**
Skills	(N=51)	
Skills Total	(N=51) 25.9	27.3**
Skills Total Transportation	(N=51) 25.9 3.6	27.3**
Skills Total Transportation Budgeting	(N=51) 25.9 3.6 3.6	27.3** 3.7 3.9
Skills Total Transportation Budgeting Support services	(N=51) 25.9 3.6 3.6 4.6	27.3** 3.7 3.9 4.6

Community Life Entry 1 Year 2 Year (N=28)**Skills** Total 27.9 29.4*** 26.0 Transportation 3.6 3.8 3.9* Budgeting 3.4 3.7 3.9 Support services 4.4 4.7 4.9* Support/Involvement 4.9 5.3 5.9** Interests/Hobbies 3.0 3.3 3.4 Regularity/Organization/ 7.1 7.3 7.5 Routines *p<.05 **p<.01 ***p<.001

- Table 32 shows that statistically significant changes in CLS subscales scores were documented after 6 months (N=81), 1 year (N=51), and 2 years (N=28) of program participation. The total CLS scores significantly increased after 6 months, 1 year, and 2 years of program participation. Specifically, after six months, significant improvements were seen in the areas of transportation and support/ involvement as well as the CLS total. Following one year of enrollment, significant change was seen in the areas of support/involvement and overall CLS total. After two years of program participation, significant improvement was seen in the areas of accessing support services, transportation, support/ involvement, and CLS total score.
- Overall, these data indicate that parents are increasing their knowledge of community resources and how to access them, and are developing more stability in terms of daily living.

Change in Mothers' Life Course Outcomes, Hartford Data, 2012

As shown in Table 33, change in each of the life course outcomes for families living in Hartford were analyzed separately (in a repeated measures analysis of variance) for mothers who completed the questionnaire at 6 months (2011), 1 year (2011) and two years (2010). (Note: Different N size at each time point is due to missing/unknown data.)

Education, Employment, Independent Living

• Mothers who received services for 6 months and 1 year made significant gains in education with 62% earning at least a high school education at 1 year as compared to 50% at entry. Rate of employment significantly increased after 1 year participation, with 42% at 1 year compared with 24% at program entry. Additionally, the percentage of mothers living independently significantly increased after 6 months, 1 year and 2 years of participation.

Financial Difficulties and Support

• Use of Food Stamps significantly increased after 6 months and 2 year participation.

Table 33. Change in Mothers' Life Course Month, 1 & 2 Year Participants, Hartford			or 6		
Mothers' Living Circumstances: 2011-2012	N	Entry	6 Month		
Mothers with at least a high school education	60	55%	62%*		
Mothers employed	62	29%	37%		
Mothers employed full-time	78	10%	13%		
Mothers enrolled in school	62	29%	27%		
Mothers experiencing financial difficulties	60	73%	67%		
Mothers socially isolated	61	21%	18%		
Mothers living independently of family	61	36%	39%		
Mothers receiving TANF	62	8%	16%		
Mothers receiving Food Stamps	60	33%	47%**		
Mothers receiving WIC	60	83%	85%		
Mothers' Living Circumstances: 2011-2012	N	Entry	6 Month	1 Year	
Mothers with at least a high school education	34	50%	56%	62%*	
Mothers employed	33	24%	42%	42%	
Mothers employed full-time	39	8%	8%	15%	
Mothers enrolled in school	33	27%	21%	24%	
Mothers experiencing financial difficulties	33	79%	70%	70%	
Mothers socially isolated	33	24%	18%	21%*	
Mothers living independently of family	33	30%	39%	58%***	
Mothers receiving TANF	32	13%	16%	25%	
Mothers receiving Food Stamps	31	45%	58%	52%	
Mothers receiving WIC	31	81%	84%	90%	
Mothers' Living Circumstances: 2010-2012	N	Entry	6 Month	1 Year	2 Year
Mothers with at least a high school education	19	63%	63%	68%	68%
Mothers employed	21	33%	38%	29%	29%
Mothers employed full-time	23	9%	17%	13%	13%
Mothers enrolled in school	20	35%	45%	25%	40%
Mothers experiencing financial difficulties	20	65%	60%	70%	60%
Mothers socially isolated	19	5%	11%	11%	5%
Mothers living independently of family	21	14%	33%	38%	42%**
Mothers receiving TANF	21	5%	10%	14%	24%
Mothers receiving Food Stamps	21	29%	43%	48%	67%**
Mothers receiving WIC	21	81%	100%	100%	90%
*p<.05 **p<.01 ***p<.001		1			1

Change in Parenting Attitudes, Hartford Outcomes, 2012

Child Abuse Potential Inventory, Rigidity Subscale (CAPI-R): Hartford Outcomes

In Table 34, we present outcome data on the Child Abuse Potential Inventory Rigidity Scale (CAPI-R), a self-report scale that measures the rigidity of attitudes and beliefs about the appearance and behavior of children. The subscale is based on the theoretical assumption that rigid attitudes and beliefs lead to a greater probability of child abuse and neglect (Refer to page 19 for a more thorough description of the CAPI-R.). Hartford parents complete the CAPI-R at program entry, six months, and then on annual anniversaries of their start date in the program.

• The average entry rigidity scores in Hartford are higher compared to statewide. For families who entered in 2012, the average entry Rigidity score for Hartford participants was 33.3 (N=140) compared to statewide average of 26.6 (N=727) and 24.4 (N=412) for non-urban participants (all other participants excluding Hartford and New Haven program participants). At program entry, 52% of Hartford mothers scored at or above the cutoff score of 30, compared to 35% statewide.

Similar to the statewide sample, we ran separate outcome analyses for Hartford participants active 6 months, 1 year, and 2 years who scored above the CAPI-R cut-off score at program entry and those who scored below the cut-off.

• The results of these analyses are shown in Table 31 below, and indicate that parents with scores at or above the cut-off at program entry made significant decreases in their rigid parenting attitudes after 6 months, 1 year, and 2 year of program participation. Scores fell below the cut-off score after 1 and 2 years of program participation. Significant change was not found over time for parents scoring below the cut-off at program entry and in fact slightly increased. Families who enter the program with a lower CAPI-R score may fluctuate between a low average score (e.g., only one or two items on the questionnaire have a higher rating).

Table 34. Change i ventory Rigidity Su CAPI-R Score, Har	bscale for	1 and 2 Yea							
CAPI Rigidity Scores 2011-2012	Scored Be Off at Ent	elow Cut- try (N=44)		At or Abo ntry (N=4		ıt-			
	Entry	6 Month	Entry	6	Mon	th			
Rigidity	17.8	19.0	42.1	3	36.6*	*			
CAPI Rigidity Scores 2011-2012	Scored Be (N=24)	elow Cut-Off	at Entry	Scored Entry (r Above Cu	t-Of	f at	
	Entry	6 Month	1 Year	Entr	y	6 Month	1	Year	
Rigidity	18.2	17.4	18.9	41.3		36.1	2	26.6**	
CAPI Rigidity Scores 2010-2012	Scored Be	elow Cut-Off	at Entry (N=9)		red At or A ry (N=15)	bove	Cut-Off	at
	Entry	6 Month	1 Year	2 Year	En	try 6 Mo	nth	1 Year	2 Year
Rigidity	17.6	25.0	26.0	20.6	40	.9 29.	5	26.1	26.2***
* p<.05 ** p<.01	*** p<.	001				1		•	ı

2012 New Haven Data Analysis: Summary of Key Findings

In this next section, enrollment, demographic and risk characteristics, participation and retention rates, and outcome data are examined for high-risk families who received home visitation in NFN sites of New Haven, CT. Below is a summary of highlights.

Program Capacity and Enrollment of Families

- In 2012, 1,265 first-time mothers were screened for risk in New Haven and 584 (or 46%) were identified high-risk for poor parenting. Of these mothers, 478 were offered home visiting and 195 initiated services.
- In addition, of the 1,265 first-time mothers screened in 2012, 681 (54%) of these first-time mothers were identified as at low-risk for poor parenting. Sixty-nine percent of these mothers were offered Nurturing Connections phone support and referral services.

Demographic and Risk Profiles of Entering Families

- In 2012, New Haven mothers showed the most stress, as measured by the Kempe Family Stress Inventory, in the areas of finances and relationships, as well as past experiences of child maltreatment, and history of substance abuse/ crime/ mental health.
- Reported race and ethnicity demographics of mothers participating in NFN New Haven sites are proportionate to New Haven city (Census Bureau, 2010).
- Compared to statewide, on average, less fathers live in the households (34% in New Haven compared to 37% statewide), and slightly more fathers on average are involved with their children (87% at least somewhat involved in New Haven compared to 81% statewide).
- 48% of enrolled mothers living in New Haven were screened prenatally, compared to 40% statewide
- 10% of New Haven participating mothers gave birth prematurely (before 37 weeks of gestation) which is slightly less than the Statewide rates (13%) in 2012. Thirteen percent of the mother's babies were born under 5 pounds 8 ounces (low birth weight), which his comparable to the Statewide of 14%, but higher than these data for mothers participating in Hartford NFN.

Participation and Retention Rates

- Similar to previous years, New Haven families received an average of 2.2 home visits per month out of an attempted 2.8 in 2012.
- There was a high increase in the 6 month, 1 year, and 2 year retention rates, which is comparable to the statewide population retention rate. Sixty-eight percent of families remained in the program for at least 6 months, 54% remained in the program for at least 1 year, and 23% remained for at least 2 years.

New Haven NFN Program Outcomes

- New Haven mothers showed significant increases in total scores on the Community Life Skills scale after two years of program involvement. Significant improvements were also seen in the area of support/ involvement following 1 year of participation.
- Further, mothers who scored at or above the CAPI-R cutoff showed decreases in their rigid parenting beliefs after six months, one year, and two years of program participation; statistically significant decreases at 6 months and two year participation but not for one year.
- Significant changes in education were seen after 6 months of participation. Additionally, significant increases in use of financial resources significantly increased after 6 month, 1 year, and 2 years.

High-Risk Families and Enrollment in NFN New Haven Data, 2012

In this section, we provide enrollment data for those who screened at low-risk (and participated in Nurturing Connections) and those who screened at high-risk (and participated in home visiting services) at the New Haven sites. This is the New Haven network's fifth full year of program services, and similar to last year, many sites are close to or at program capacity.

Screening

- Table 35 shows that of the 1,265 first-time mothers screened in New Haven in 2012, 681 (53%) screened at low-risk for poor parenting. Of the low-risk families, 473 (69%) were offered Nurturing Connections services and of those offered, 136 (29%) accepted services. The rate of accepting Nurturing Connections is slightly lower than the reported rate for 2011 (33%); the rate is substantially lower than statewide (46%) and Hartford (47%). Of the instances in 2012 in which Nurturing Connections services were not offered, approximately 16% of the time, the primary reason was due to reaching program capacity (data not shown here).
- As shown in Table 36, of the 584 mothers (46% of the total number of mothers screened) who screened at high-risk in New Haven, 541 (93%) were offered home visiting, and of those offered, 195 (36%) accepted and initiated home visiting services. The rate of initiating services has varied from rates in 2010 and 2011, 30% and 46% respectively. In addition, the rate of initiating home visiting services in New Haven (53%) is less than Hartford (68%), however, when comparing raw numbers, more families initiated services in New Haven (n=195) than Hartford (n=163).

Table 35. Screening in New Haven, 2012				
Total # of screens	1,265			
# Low-risk	681			
Offered Nurturing Connections	473 (69%)			
Accepted Nurturing Connections	136 (29%)			
# High-risk	584			
Offered Home Visiting	541 (93%)			
Accepted Home Visiting	365 (67%)			
Initiated Home Visiting Services	195 (53%)			

Table 36. Disposition of Families Identified as High-risk, New Haven Data, 2010-2012						
	2010	2011	2012			
# of positive screens	472	504	584			
Offered Home Visiting	413 (88%)	478 (95%)	541 (93%)			
Initiated Services	125 (30%)	218 (46%)	195 (36%)			

Risk Profiles: New Haven Mothers' Kempe Scores, 2012

2012 New Haven Mothers' Kempe Scores on Individual Items

The Kempe Family Stress Inventory (Kempe) is scored across 10 items, with each item scored either 0 (no/low risk), 5 (moderate risk), or 10 (severe risk), to indicate presence and severity of past and current stressors. Each of these items, includes a larger set of criteria from which judgments are made, and these criteria provide a much better description of stress; we report on these data for families in New Haven who scored in the severe range focusing on items with the highest rates of severe stress:

- Similar to the Hartford Kempe data, mothers scored in the severe range in New Haven most often on the Childhood History of Abuse and Neglect (32%), Multiple Stresses (21%), in addition to History of Crime, Substance Abuse, and Mental Health (12%) subscales.
- Childhood History of Abuse/Neglect: There were a total of 53 mothers who scored in the severe range on the Childhood History of Abuse and Neglect subscale. Of these mothers, twenty-five mothers (47%) were raised by more than two families, twenty-one (40%) were either removed from their homes or abandoned as children. Eighteen mothers (34%) were raised in a home with at least one alcohol/ drug addicted parent, ten mothers (30%) experienced severe beatings, and eleven mothers (21%) were raised in a home with no nurturing parent.
- *Multiple Stresses*: There were 34 mothers who scored in the severe range on the Multiple Stresses subscale. Twenty-two (65%) mothers described their living situation as stressful, nineteen mothers (56%) noted their finances caused much stress, and fourteen mothers (41%) moved frequently.
- Similar to Kempe Scores in Hartford, a considerable percentage of New Haven mothers scored moderate stress on other Kempe subscales. Eighty-three percent reported moderate or severe scores on Child Unwanted/ Poor Bonding, a total of 68% scored moderate to severe on the multiple stresses subscale, and a total of 62% of mothers scored moderate to severe range in the Low Self-esteem/ Social Isolation/ Depression subscale.

Families at Acute Risk

New Haven data show that families experienced very low rates of episodes of untreated mental health, domestic violence, or substance abuse when they entered the program as compared to families statewide and in Hartford. One percent of New Haven mothers experienced acute issues at program entry compared to 7% statewide and 12% in Hartford. However, data indicate that 4.6% (not shown in tables) of actively participating New Haven families (N=500) experienced acute stress, (domestic violence, substance abuse, or untreated mental health) at some point during the 2012 year, which is slightly lower than families active in Hartford (7.1%) and statewide (7.4%).

Table 37. New Haven Mothers' Kempe Scores, 2012					
New Haven Mothers' Kempe Scores, 2012 N=175	0 Low	5 Moderate	10 Severe		
Childhood History of Abuse/Neglect (N=166)	55%	13%	32%		
Multiple Stresses (N=166)	52%	28%	21%		
Low Self-esteem/ Social Isolation/ Depression (N=166)	54%	39%	8%		
History of Crime, Substance Abuse, Mental Illness (N=162)	68%	20%	12%		
Potential for Violence (N=159)	90%	3%	8%		
CPS History (N=160)	93%	4%	3%		
Child Unwanted/ Poor Bonding (N=164)	13%	82%	5%		
Unrealistic Expectation of Child (N=162)	79%	20%	1%		
Harsh Punishment (N=164)	92%	5%	3%		
Negative Perception of Child (N=147)	96%	3%	1%		

Home Visitation Families at Program Entry New Haven Data, 2012

Health Related Risk Factors Health data provided in Table 38 indicate that:

- 14% of New Haven NFN children were born with a serious medical problem,
- 10% of children were born premature, a decline of rates reported for 2011 (11%) and 2010 (17%).
- The rate of premature births in New Haven (10%) is

Table 38. Pregnancy & Birth Information, New Haven Data, 2010-2012					
Health Related Risk Factors	2010 N=101	2011 N=112	2012 N=134		
Mother smoked cigarettes during pregnancy	3%	4%	7%		
Mother drank alcohol during pregnancy	3%	1%	2%		
Mother used illicit drugs during pregnancy	5%	5%	6%		
Child born with serious medical problems	19%	14%	14%		
Premature Birth (before 37 weeks gestation)	17%	11%	10%		
Born Low Birth Weight (under 5 lbs 8 oz)	15%	15%	13%		
Child has a Pediatrician	98%	98%	97%		

comparable to CT state rate of 11%. Additionally, the rate of children born with low birth-weight (13%) in New Haven is also proportionate to the CT state percentage (12%).

Table 39. Household Information, New Haven Data,

Information, New Haven Data, 2012			
Prenatal Screens (N=177)	48%		
Mother's Marital Status (N=1	71)		
Single, never married	86%		
Married	12%		
Divorced, separated, widow	2%		
Mother's Race/Ethnicity (N=1	174)		
White	24%		
Black	36%		
Hispanic	33%		
Other (includes multi-racial)	6%		
Mother age at Baby's Birth (N	N=149)		
Under 16 years	5%		
16-19 years	33%		
20-22 years	26%		
23-25 years	13%		
26 years and older	24%		
Median Age	21 y.o		
Maternal Grandmother Living in the Household (N=213)	32%		
Father Living in the Household (N=213)	34%		
Father's Involvement W/ Chi (N=87)	ld		
Very involved	81%		
Somewhat involved	6%		
Sees child occasionally	7%		
Very rarely involved	1%		
Does not see baby at all	6%		

Family and Household Data

- 36% of NFN mothers in New Haven are Black, and another 33% Hispanic, and 24% White. This is noticeably different from the racial breakdown statewide and in Hartford NFN sites. New Haven NFN enroll more Black mothers compared to 20% statewide and 24% in Hartford NFN; however New Haven NFN enrolled a proportionate representation of Black mothers to the population in the city of New Haven (35.4% Census data).
- 48% of mothers enrolling in 2012 were screened prenatally, as comparable with statewide and Hartford samples, 40% and 44%, respectively.
- 32% of participants were living with their mothers, also comparable to 32% statewide.
- 34% of New Haven fathers were residing in the households with NFN mothers and children, which is slightly lower than the statewide rate of 37%.
- Rates of father involvement in New Haven were slightly higher than statewide (87% vs. 81% at least somewhat involved, respectively) at program entry.

Financial and Social Risk Factors

- As shown in Table 40, 50% of mothers had financial difficulties as reported by the home visitor (lower than 71% statewide).
- At time of entry, 15% of New Haven mothers were reported socially isolated (lower than 25% statewide).
- 7% of New Haven mothers
 had an arrest history compared to
 18% statewide and 15% in
 Hartford.

Table 40. New Haven Mothers' Social Isolation, Arrest Histories & Financial Difficulties, 2012				
Socially isolated (N=177)	15%			
Arrest history (N=175)	7%			
Financial difficulties (N=176)	50%			
Receiving TANF (N=176)	9%			
Receiving Food Stamps (N=176)	19%			

Education and Employment Rates at Program Entry New Haven Data, 2012

Mother Life Course Indicators	19 and younger	20 and older
Education	(N=48)	(N=78)
Eighth grade or less	2%	3%
More than 8 th grade, < high school	60%	14%
High school degree or GED	23%	35%
Some vocational training/college	15%	28%
College degree or graduate work	0%	21%
Enrolled in School	(N=50)	(N=77)
Yes	54%	7%
Employment Status	(N=42)	(N=69)
Mother not employed	91%	65%
Mother employed	9%	35%
Full-time	0%	12%
Part-time job or occasional work	9%	15%
Employed Prior to Pregnancy	(N=44)	(N=75)
Yes	16%	55%

New Haven NFN 2012: Mothers' Life Course Information

Mothers' education and employment data are presented in Table 41, separating mothers who were 19 years or younger when they had their child from those who were 20 years and older.

- 62% of the younger cohort of mothers had less than a high school education at program entry (lower than 68% statewide). Of the 29 young mothers who had not yet graduated high school, 12 (41%) were enrolled in middle or high school.
- In comparison to the statewide population, the older cohort in New Haven had on average comparable levels of education: 18% and 17% respectively had less than a high school diploma; 49% had at least some post secondary education in New Haven compared to 51% among the statewide population.
- Rates of employment for the younger cohort of New Haven mothers (9%) were much less than the statewide population (17%). The rates of employment for the older cohorts in New Haven (35%) and the older cohorts Statewide (32%) are comparable.

Home Visitation Participation, New Haven Data, 2012

Table 42. New Haven Program Participation, 2010-2012					
	2010 N = 435	2011 N = 487	2012 N = 500		
Average # of attempted home visits	2.9	2.9	2.8		
Average # of completed home visits	2.2	2.1	2.2		
Average # of office/out of home visits	0.1	0.1	0.04		
Average # of NFN social events attended	0.1	0.1	0.1		
Total # of visits completed	2.4	2.3	2.3		

Figure 8. Six Month, 1 Year, and 2 Year Retention Rates By Year of Program Entrance, New Haven Data

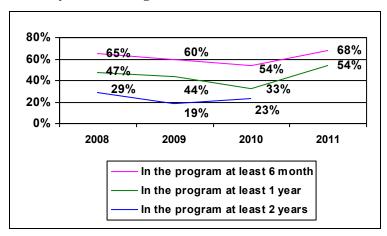


Table 43. Reasons New Haven Families Leave Home Visiting, 2010-2012

2010 2012		,	,
	2010 N=179	2011 N=177	2012 N= 143
Family moved out of service area	13%	16%	9%
Unable to locate mother	39%	32%	31%
Discharged, family was noncompliant	0%	0%	0%
Family decided to discontinue services	12%	8%	15%
Working or in school full-time, no time for home visits	21%	10%	22%
Goals were met/family graduated	2%	1%	5%
Baby removed from home by DCF	2%	1%	3%
Discharged, family was not appropriate for the program	0%	0%	1%
Other family member did not approve of services	1%	<1%	0%
Home visitor left the program	6%	8%	0%
Other	4%	14%	10%

Participation Rates

• Similar to the statewide and Hartford populations, families in New Haven, on average, receive 2 visits per month (see Table 42) out of nearly 3 attempts. These data have remained consistent over the past 3 years.

Program Retention Rates

• Six month and 1 year retention rates for New Haven families are presented in Figure 8. Similar to statewide data, there was an increase in 6 month and 1 year retention for the 2011 cohort. This rate is higher than the previous three cohorts. For families starting the program in 2011, 68% were active at least 6 months and 54% were active at least 1 year. For parents who started the program in 2010, 23% of participants were active at least 2 years.

Reasons Families Leave the Program

As shown in Table 43, New Haven families ended NFN home visiting services in 2012 because:

- 40% of families moved out of service area or the staff was unable to locate family at their known address. This rate is less than the statewide percentage (48%).
- 22% left the program because they were working or in school and did not have time for home visits
- 10% of families left the program for unspecified reasons.
- 5% of families reached their goals or family graduated.

Utilization of Community Resources New Haven Parent Outcomes, 2012

Community Life Skills Scale (CLS): New Haven Outcomes

Data on the Total CLS scale, and each of the subscales were analyzed in a pair-wise T-test for mothers active for 6 months (N=59) and 1 year (N=42). A repeated measure analysis was conducted to measure scores CLS for mothers active for 2 years (N=15) as of the end of 2012.

- After six months (N=59), improvements were seen in CLS scores; however there was no significance.
- Participants in the program for 1 year (N=42) showed significant improvement in the area of support/involvement. Statistically significant increases was seen for 2 year (N=15) participants on the total score on the CLS scale and accessing support services.
- These data indicate that after 1 and 2 years, New Haven NFN participants develop the capacity to make improvements in their daily living and have a friend or confidant that they can confide.

Table 44. Change in the Community Life						
6 Month, 1 Year, an						
Participants, New H						
Community Life Skills	Entry (N=59)	6 Months				
Total	26.1	27.0				
Transportation	3.6	3.5				
Budgeting	3.9	4.0				
Support services	4.5	4.5				
Support/Involvement	4.8	5.1				
Interests/Hobbies	2.9	3.1				
Regularity/Organization/ Routines	6.8	6.8				
Community Life	Entry	1 Year				
Skills	(N=42)					
Total	25.8	26.9				
Transportation	3.6	3.7				
Budgeting	3.9	4.0				
Support services	4.6	4.5				
Support/Involvement	4.7	5.3*				
Interests/Hobbies	2.7	2.9				
Regularity/Organization/ Routines	7.0	7.1				
Community Life Skills	Entry (N=15)	1 Year	2 Year			
Total	25.0	27.9	28.1**			
Transportation	3.4	3.5	3.7			
Budgeting	3.6	4.1	3.4			
Support services	4.4	4.7	4.9*			
Support/Involvement	4.8	5.5	5.5			
Interests/Hobbies	2.8	3.2	3.1			
Regularity/Organization/ Routines	6.7	7.4	7.1			
*p<.05 **p<.01 ***p<.001						

Change in Mothers' Life Course Outcomes, New Haven Data, 2012

Home visitors administer a questionnaire annually for each family active in the program on life course outcomes. As shown in Table 45 change in each of the life course outcomes was analyzed separately (in a repeated measures analysis of variance) for mothers who completed questions at 6 months (2011-2012), 1 year (2011-2012) and two years (2010-2012). (Note: Different N size is due to missing/unknown data.)

Education, Employment, Independent Living

• Mothers who received 6 months of NFN services had significantly higher rates of (at least) high school education: 60% after 6 months, compared to 50% of mothers at entry. Significant outcomes were also found in independent living after one year participation and home visitors assessed significantly few mothers as socially isolated following one year of participation.

Financial Difficulties and Support

• The rate of mothers receiving Food Stamps significantly increased after 1 year, also WIC support increased significantly after 1 and 2 year participation.

Table 45. Change in Mothers' Life Cours Month, 1 & 2 Year Participants, New Hay			or 6		
Mothers' Living Circumstances: 2011-2012	N	Entry	6 Month		
Mothers with at least a high school education	50	50%	60%*		
Mothers employed	51	24%	31%		
Mothers employed full-time	69	9%	10%		
Mothers enrolled in school	54	30%	24%		
Mothers experiencing financial difficulties	46	57%	52%		
Mothers socially isolated	44	30%	18%		
Mothers living independently of family	50	33%	38%		
Mothers receiving TANF	54	17%	17%		
Mothers receiving Food Stamps	52	37%	44%		
Mothers receiving WIC	52	67%	87%**		
Mothers' Living Circumstances: 2011-2012	N	Entry	6 Month	1 Year	
Mothers with at least a high school education	23	70%	74%	74%	
Mothers employed	22	36%	45%	41%	
Mothers employed full-time	29	10%	14%	21%	
Mothers enrolled in school	23	17%	4%	13%	
Mothers experiencing financial difficulties	19	53%	47%	42%	
Mothers socially isolated	18	39%	17%	11%*	
Mothers living independently of family	20	25%	35%	60%*	
Mothers receiving TANF	23	13%	22%	9%	
Mothers receiving Food Stamps	23	30%	39%	57%**	
Mothers receiving WIC	23	52%	78%	83%**	
Mothers' Living Circumstances: 2010-2012	N	Entry	6 Month	1 Year	2 Year
Mothers with at least a high school education	8	88%	88%	88%	88%
Mothers employed	8	13%	38%	25%	25%
Mothers employed full-time	12	8%	17%	17%	8%
Mothers enrolled in school	8	25%	25%	13%	0%
Mothers experiencing financial difficulties	7	57%	43%	43%	43%
Mothers socially isolated	0				
Mothers living independently of family	8	39%	25%	50%	50%
Mothers receiving TANF	9	11%	11%	0%	0%
Mothers receiving Food Stamps	9	0%	22%	22%	56%*
Mothers receiving WIC	9	78%	78%	67%	67%
*p<.05 **p<.01 ***p<.001		1	1	1	1

Changes in Parenting Attitudes, New Haven Outcomes, 2012

In Table 46, we present outcome data on the Child Abuse Potential Inventory Rigidity Subscale (CAPI-R), a self-report scale that measures attitudes and beliefs about the appearance and behavior of children. A significant decrease on the Rigidity subscale reveals that a mother is less likely to feel that her children should *always* be neat, orderly, and obedient. Mothers who have less rigid expectations of their children are less likely to treat their children forcefully. The average score for a normative population on the CAPI-R is 10.1 with a standard deviation of 12.5. The cut off score on the CAPI-R is 30, with 5% of the general population scoring at or above this score

Child Abuse Potential Inventory, Rigidity Subscale (CAPI-R): New Haven Outcomes

- The average CAPI-R score at program entry in 2012 for New Haven mothers was 26.7, lower than the entry mean score for Hartford participants (33.3). New Haven average CAPI-R score is comparable to the entry mean statewide (26.6), and higher than the total average (24.4) of all other non-urban communities (e.g., everything but Hartford and New Haven program sites).
- At program entry, 53% of New Haven mothers scored at or above the cutoff score of 30, compared to 35% statewide and 52% in Hartford. Similar to the statewide and Hartford samples, we ran separate outcome analyses for New Haven participants who scored above the CAPI-R cut-off score at program entry and those who scored below the cut-off.
- The results of these analyses were similar to the statewide and Hartford analyses. While significant changes for parents who scored below the cut-off at entry were not found, parents with scores at or above the cut-off at program entry made significant decreases in their rigid parenting attitudes after 6 months, 1 year, and 2 years of participation. Scores fell below the cut-off after 2 year participation in the Home Visiting program.

Table 46. Change is Inventory Rigidity S CAPI-R Score, New	Subscale f	or 1 and 2 Y							
CAPI Rigidity Scores 2011-2012	Scored Bo Off at En	elow Cut- try (N=35)		At or Abo ntry (N=2		ut-			
	Entry	6 Month	Entry	6	Mon	th			
Rigidity	15.1	14.8	39.9	28.4*	**				
CAPI Rigidity Scores 2011-2012	Scored Bo (N=19)	elow Cut-Off	at Entry	Scored Entry		r Above Cu l)	t-Off	fat	
	Entry	6 Month	1 Year	Entr	y	6 Month	1	Year	
Rigidity	14.2	16.3	13.1	40.2		32.7	31.	2	
CAPI Rigidity Scores 2010-2012 Scored Below Cut-Off at Entry (N=5) Scored At or Above Cut-Off at Entry (N=10)							at		
	Entry	6 Month	1 Year	2 Year	En	try 6 Mo	nth	1 Year	2 Year
Rigidity	11.2	8.2	6.2	7.8	41.0	32.8		25.6	29.8*
* p<.05 ** p<.01	*** p<.	001	1		'	1.		I .	it.

Section 4 Home Visitation for Fathers

In this fourth section, we describe the demographic and risk profiles for fathers participating in home visitation. Data on program participation, beliefs about the roles of fathers, and outcomes are also presented. Below is a summary of findings.

Demographic and Risk Profile

- For fathers entering the NFN Home Visitation in 2012 (N=65), twenty percent of fathers participants were Black, 45% were Hispanic, and 24% were White. Fifty—eight percent of fathers had completed their high school education, and 41% were employed.
- Risk profiles indicate that NFN staff have recruited a high-risk population of fathers. Fifty-nine percent of fathers had a history of crime, substance abuse, or mental illness; and 40% of fathers have experienced multiple stressors, in the severe range, on the Kempe Family Stress Inventory.
- The average score on the CAP-R for 2012 entering fathers was 29.3 (N = 50, SD = 18.04), which means that NFN fathers come into the program with scores indicative of high risk.

Beliefs about the Roles of Fathers

• The Role of the Father Questionnaire instrument indicated that most participants believed that fathers play a pivotal role in raising their children, a role as important as mothering. These items are shown on page 40, Table 47, for fathers who entered the program in 2012.

• Program Participation

- Fathers typically receive two home visits out of an attempted three, which is comparable to the NFN statewide population.
- In 2012, 63% of fathers remained in the program at least six months, and 43% remained in the program for at least one year. Another 24% of the fathers who enrolled in the home visiting services in 2009 and 2010, continued services for 2 years.
- The most frequently noted reasons why fathers left the program in 2012 was due to families moving, were unavailable due to time constraints, or home visitor was unable to locate father.

Outcomes

Pair-samples t-test was conducted to evaluate the impact of NFN home visiting program (6 months and 1 year of involvement) on all fathers' scores on the CLS and CAPI-R measures.

- Knowledge and use of community resources improved after 6 months and 1 year. IN addition, there was significant difference between entry and 1 year of participation on the subscale, Support/ Involvement, indicating an improvement in supporting relationships.
- Following six months and one year of participation, fathers rigidity scores decreased sinche their entry scores. These scores were not significant, but are important for future exploration as more fathers engage in the program and participate in the evaluation tools

Research Going Forward

• The Center for Social Research is conducting a process evaluation of the Home Visiting Model for fathers—will continue to discuss.

Home Visitation for Fathers: Demographic Profile of Fathers at Program Entry 2012

While fathers have always been invited to participate in home visits, NFN home visiting services have typically been geared toward mothers. In October 2008, a Fatherhood Subcommittee was convened with the goal of redesigning traditional NFN home visiting services to be more father-friendly. On March 1, 2009, a home visiting pilot for fathers officially began in five NFN sites, including four sites in New Haven and one site in Torrington. Males were hired as home visitors and services were offered to fathers of already enrolled NFN children. Subsequently, services were offered to fathers of children who were already enrolled in NFN services and/or also fathers who met same eligibility criteria as rated by the REID screen. The structure of home visits for fathers are comparable to standard NFN home visits: services are offered on a weekly basis, parenting curricula are used, and parent-child interaction is modeled. Over the past two years, Father Home Visiting has expanded to a total of 11 sites across Connecticut. In this section, we present data on program participants, including a demographic and risk profile, a description of services, and preliminary outcomes.

Demographic Profile

As of the end of 2012, 160 fathers had received home visits at 11 sites with 65 fathers entering NFN in 2012. The demographic profile of the fathers entering NFN at program entry are provided in Table 47. (Note: Different N sizes are due to missing information.)

- 26% of fathers were younger than 20 years old when they entered the program.
- One-fifth or 20% of fathers were Black, less than a half or 45% of fathers reported Hispanic, and a quarter (24%) of fathers reported White.
- 56% of fathers had completed high school, with 20% having some post-secondary education.
- 41% of fathers were employed, only 18% full-time. Moreover, 88% were reported to be struggling financially.
- Home visitors considered 25% of the fathers to be socially isolated.
- All fathers were at least somewhat involved with their child at program entry.
- Slightly less than three-fifths (59%) of enrolled fathers had an arrest history.

antry 2012	
Table 47. Demographic	%
Characteristics of Father Home Visiting Participants at Program	
Entry (N=65)	
Father's Age (N=38)	
Under 16 years	0%
16-19 years	26%
20-22 years	16%
23-25 years	26%
26 years and older	32%
Median	24 y.o
Father Race/Ethnicity (N=55)	
Black	20%
Hispanic	45%
White	24%
Other	11%
Language Father Speaks (N=55)	
English	71%
Spanish	15%
English and Spanish	13%
Other	1%
Father's Highest Level of Educati Completed (N=53)	on
Eighth grade or less	6%
More than 8 th grade, < than HS	38%
High school degree or GED	36%
Vocational training or some college	17%
College degree or graduate work	3%
Father's Employment Status (N=5	54)
Not employed	59%
Employed	41%
Full-time	18%
Part-time, occasional work, or	22%
more than one job	
Fathers Enrolled in School (N=52)	15%
Fathers with Financial Difficulties (N=48)	88%
Fathers Socially Isolation (N=52)	25%
Father's Involvement with Child (N=37)
Very involved	78%
Somewhat involved	22%
Does not see baby at all	0%
Fathers with an Arrest History (N=46)	59%

Home Visitation for Fathers: Risk Profile, 2012

Risk Profile

Kempe Family Stress Inventory

We assessed parental stress using the Kempe Family Stress Inventory for fathers participating in Home Visiting Services in 2012.

Fathers scored in the severe range for several items on the Kempe Family Stress Inventory:

- Rates of Childhood History of Abuse and Neglect are the highest stress experience with 47% (N=32) of fathers scoring in the severe range.
- 40% of participating fathers scored severe on the Multiple Stresses subscale.
- 32% of fathers scored severe on History of Crime, Substance Abuse, and Mental Illness Subscale.
- History of Child Abuse and Low Self-Esteem/ Social Isolation/ Depression Inventory subscale scores show 11% of entering fathers in severe range.
- Additionally, a substantial percentage of fathers participating in Home Visiting scored moderate on the following subscales: Child Unwanted/ Poor Bonding (83%), Unrealistic Expectations of Child (55%), Low Self-Esteem/ Social Isolation/ Depression (51%), Multiple stresses (49%), and History of Crime, Substance Abuse, Mental Illness (42%).

Table 48. Fathers' Kempe Scores, 2012					
	0	5	10		
	Low	Moder- ate	Severe		
Childhood History of Abuse/Neglect (N=34)	24%	29%	47%		
Multiple Stresses (N=35)	11%	49%	40%		
Potential for Violence (N=32)	62%	19%	19%		
History of Crime, Substance Abuse, Mental Illness (N=34)	41%	27%	32%		
Low Self-esteem/ Social Isolation/ Depression (N=35)	26%	51%	23%		
CPS History (N=35)	71%	20%	9%		
Negative Perception of Child (N=32)	78%	22%	0%		
Harsh Punishment (N=33)	94%	6%	0%		
Unrealistic Expectation of Child (N=33)	39%	55%	6%		
Child Unwanted/ Poor Bonding (N=35)	17%	83%	0%		

Home Visitation for Fathers: Beliefs about the Roles of Fathers, 2012

- The Role of the Father Questionnaire (ROFQ) is a self-report inventory that assesses someone's beliefs on how important the role of fathering is to raising a child. Scores on the ROFQ range from 15 to 75, with higher scores reflecting belief in a high level of involvement with and a strong emotional relationship to children. Participants in the fathering home visiting program complete the ROFQ at program entry, six months, then annually. We began using the ROFQ a few months after the fathering home visiting pilot began, and thus we have a smaller sample of fathers who have completed this form at program entry. For purposes of this year's evaluation, we are going to report on pre-test data only.
- Program entry data from the 47 fathers (mean score is 61.96) who completed the ROFQ at the start of NFN in 2012 are presented in Table 49. All of the fathers agreed (either strongly or moderately) that "it is essential for the child's well being that fathers spend time interacting and playing with their children" and "fathers play a central role in the child's personality development". The items that showed more variation in agreement include: "it is difficult for men to express tender and affectionate feelings toward babies", "the responsibilities of fatherhood never overshadow the joys", "fathers are able to enjoy children more when the children are older...", "mothers are naturally more sensitive caregivers than fathers are", and it is important to respond quickly to a young baby each time it cries".

Table 49. Father Responses on the ROFQ at Program Entry (N=47)	Agree strongly	Agree moderately	Neither agree or disagree	Disagree moderately	Disagree strongly
It is essential for the child's well being that fathers spend time interacting and playing with their children.	94%	6%	0%	0%	0%
It is difficult for men to express tender and affectionate feelings toward babies.	16%	24%	7%	20%	33%
Fathers play a central role in the child's personality development.	87%	13%	0%	0%	0%
The responsibilities of fatherhood never overshadow the joys.	46%	13%	22%	7%	13%
Fathers are able to enjoy children more when the children are older and don't require as much care.	22%	9%	24%	15%	30%
Very young babies are generally able to sense an adult's moods and feelings. For example, a baby can tell when you are angry.	66%	21%	11%	2%	0%
Very young babies are affected by adults' moods and feelings. For example, if you are angry with a baby he/she may feel hurt.	64%	21%	9%	4%	2%
The most important thing a man can invest time and energy into is his family.	83%	11%	4%	2%	0%
A father should be as heavily involved in the care of a baby as the mother is.	80%	18%	0%	0%	2%
Mothers are naturally more sensitive caregivers than fathers are.	42%	16%	20%	7%	16%
Even when a baby is very young it is important for a father to set a good example for his baby.	80%	16%	4%	0%	0%
It is as important for a father to meet a baby's psychological needs as it is for the mother to do so.	76%	20%	4%	0%	0%
It is important to respond quickly to a young baby each time it cries.	53%	22%	13%	4%	7%
The way a father treats his baby in the first six months has important life-long effects on the child.	62%	22%	16%	0%	0%
All things considered, fatherhood is a highly rewarding experience.	80%	13%	7%	0%	0%

Home Visitation for Fathers: Program Participation

Program Participation

As shown in Table 50, fathers were visited in the home, on average, twice per month out of an attempted 3 visits. Including visits that take place outside of the home and social events, fathers were seen 2.4 times per month in 2012. Also, there is slight increase in frequency of home visits than the previous years.

Table 51. Reasons Fathers Left the	N=24
Program	
Family moved out of service area	21%
Unable to locate father	21%
Discharged, family was noncompliant	0%
Family decided to discontinue services	8%
Working or in school full-time, no time for	21%
home visits	
Goals were met/family graduated	n/a
Baby removed from home by DCF	0%
Discharged, family was not appropriate for	4%
the program	
Other family member did not approve of	0%
services	
Home visitor left the program	14%
Other	21%

Table 50. Fathering Home Visitation: Frequency of Home Visits and Program Participation, 2010-2012	2010 N=40	2011 N=64	2012 N=82
Average # of attempted home visits	3.1	3.0	2.7
Average # of completed home visits	1.9	1.8	2.1
Average # of office/out of home visits	0.6	0.4	0.1
Average # of NFN social events attended	0.3	0.3	0.2
Total # of contacts	2.8	2.5	2.4

Reasons Fathers Leave NFN

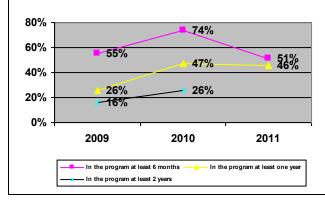
Twenty-four fathers left the NFN fathering project in 2012. The reasons fathers left are no exclusive and include multiple explanations:

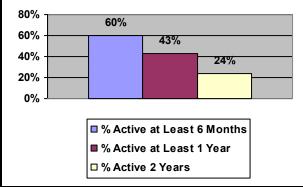
- 21% left because family moved out of service area
- 21% left because they did not have time for home visits.
- 8% left due to unspecified reasons.
- 14% discontinued services because their home visitor left the program and they did not want to continue services with a female home visitor.

Program Retention: Six month, one year, and two year retention rates are shown in <u>Figure 9 by the</u> <u>year fathers enter the program.</u> For fathers who entered the program in 2011, 51% remained in the program for at least six months, and 46% remained in the program at least one year. For the two year retention rate of the 2010 cohort, 26% of fathers entering the program participated for two years.

Retention rates for <u>all fathers enrolled in NFN Father Program since inception</u> are presented in Figure 10. Sixty percent of fathers remained in the program for at least six months. 43% were active at least 1 year and 24% of fathers remained in the program for two years, as of program entry in 2009.

Figure 9. Figure 10.
Six Month, 1 Year, and 2 Year Program Retention Rates by Year of Program Entrance, Father HV Six Month, 1 Year, and 2 Year Program Retention Rates—Overall Father HV





Home Visitation for Fathers: Preliminary Outcomes 2009-2012

Community Life Skills Scale

- The Community Life Skills (CLS) scale is a self-report standardized instrument that measures someone's knowledge and use of resources in his/her community. The CLS produces an overall score as well as scores on six subscales: Transportation, Budgeting, Support Services, Support Involvement, Interests/Hobbies, and Regularity/Organization/Routines. The overall (Total) score on the CLS ranges from 0-33, with higher scores indicating more effective use of community resources.
- Program entry and six month outcome data were available for 19 fathers by the end of 2012.
 These data are presented in Table 52. Pairwise t-test showed no significance of scores after 6 months. This may be attributed to the small sample size. There were increases in the total CLS score as well as in the Budgeting, Support Services and Support/ Involvement from program entry to six months.
- Outcome data after 1 year of enrollment is also shown for 14 fathers who completed the CLS at entry and 1 year (see Table 53). Pairwise t-test showed significant difference between entry and 1 year of participation on the subscale, Support/ Involvement, indicating an improvement in supporting relationships. Also, there were increases in the total CLS score, transportation, and budgeting (not statistically significant).

Table 52. Change in Mean Scores on the Community Life Skills Scale 6 Months, Father Participants					
N=19	Entry	6 Months			
Total	23.5	24.4			
Transportation	3.6	3.4			
Budgeting	2.9	3.4			
Support services	4.4	4.5			
Support/Involvement	3.8	4.5			
Interests/Hobbies 3.0 2.6					
Regularity/Organization/Routines 6.1 6.1					
* p<.05 ** p<.01 *** p<.001					

Table 53. Change in Mean Scores on the Community Life Skills Scale 1 Year Outcomes, Father Participants				
N=14	Entry	1 Year		
Total	24.6	26.3		
Transportation	2.9	3.6		
Budgeting	3.7	4.2		
Support services	4.5	4.4		
Support/Involvement	3.7	4.9*		
Interests/Hobbies	2.7	3.0		
Regularity/Organization/Routines	7.3	6.6		
* p<.05 ** p<.01 *** p<.001	,	-		

Change in Fathers' Life Course Outcomes, Statewide 2012

Father Life Outcomes

In this section, analyses were performed for participating NFN fathers receiving services for 6 months (data collected exclusive to Hartford and New Haven sites), and all 11 father HV sites at 1 year of service since program inception. These data remain exploratory as a result of having small sample sizes.

Education and Employment

• For families that participated for six months, fathers made gains in employment. Improvements after one year of involvement were also seen in education and employment rates.

Financial Difficulties

• Rates of fathers who experience financial difficulties increased after six months and remained high after 1 year, although not significantly.

Involvement with Children

• Fathers participating in the NFN program were seen as at least somewhat involved with their child over 90% after 6 months and 1 year.

Table 54. Change in Fathers' Life Course Outcomes for 1 & 2 Year				
Participants, Hartford Data				
Fathers' Living Circumstances, 2009–2012	N	Entry	6	
(Hartford/ New Haven Sites)			Month	
Fathers with at least a high school education	23	57%	57%	
Fathers employed	25	44%	56%	
Fathers with financial difficulties	20	85%	95%	
Fathers socially isolated	21	24%	14%	
Fathers at least somewhat involved with their children	17	94%	100%	
Fathers' Living Circumstances, 2009-2012	N	Entry	1 Year	
Fathers with at least a high school education	11	72%	82%	
Fathers employed	10	50%	60%	
Fathers with financial difficulties	10	80%	80%	
Fathers socially isolated	9	11%	33%	
Fathers at least somewhat involved with their children	10	90%	90%	

Home Visitation for Fathers: Preliminary Outcomes 2009-2012

Child Abuse Potential Rigidity Subscale

The Child Abuse Potential Inventory (CAPI) is a self-report standardized instrument designed to measure someone's potential to abuse or neglect a child. We use the Rigidity Subscale of the CAPI (CAPI-R) to assess changes in rigid parenting attitudes over time. A significant decrease on the Rigidity subscale reveals that a parent is less likely to feel that their children should *always* be neat, orderly, and obedient. Parents who have less rigid expectations of their children are less likely to treat their children forcefully.

• The CAPI-R data show us that NFN fathers come into the program with scores indicative of high risk. For fathers entering in 2012 (N=50) CAPI-R total mean score was 29.3. As shown in Table 55, there was a decrease in rigidity subscale for fathers participating in the program for 6 months. Additionally, for all fathers who remained in the program for a year and participated in the CAPI-R measure at entry and 1 year time points (N=12), rigidity scores decreased. No significant differences were found in change scores which may be due to small sample size.

Table 55. Mean Scores on the Child Abuse Potential Inventory Rigidity Sub- scale 6 Month, Father Participants						
N=22	Entry	6 Month				
Mean Rigidity Score	35.0	28.6				

Table 56. Mean Scores on the Child Abuse Potential Inventory Rigidity Sub- scale 1 Year, Father Participants					
N=12	Entry	1 Year			
Mean Rigidity Score	34.3	29.1			