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Governor Malloy proposed Budget 12/13. Cuts to Children's Trust  
Fund, Nurturing Families Network, Non Hospital Programs**

I want to first point out the importance of reaching fathers at any point of service entry is critical in working with families. However, when I think about the work we do in New Haven, in the West Rock Neighborhood and the service we provide to teen age dads, age 14-18 years old. I realize that the issues are probably far removed from many state legislators' minds in terms of how this work is done. We are working with young boys who are having sex with 15 and 16 year old girls and then expecting them to be prepared to be fathers when their own fathers are not always present. We are educating these young people about the importance of being fathers, mothers and parent to these children early in their lives. Many of these young boys do not have role models or men with great character in their lives to assist with fathering skills. Many will be lost and our young women and men will be tossed in the system and cost the state so much more on the back end. Especially when they become homeless, commit crimes, increase the juvenile justice and incarceration rates, we have to keep and open eye to what we are proposing to discontinue.

We are concerned about the families we serve and what will happen to them with the proposed cuts to **Children's Trust Fund, Nurturing Families Network, and Non Hospital Programs**. If Governor Malloy intends to be a "player" in D.C. to help the state then he should consider the 12 million dollars in federal funds designated to the Department of Public Health that will be lost to the state if Nurturing Families Network programs are cut. However, my understanding is that there is a projected 25% cut to the Children's Trust Fund's budget reducing the budget from \$13.2 million to \$9.85 million (a reduction of \$3.35 million.) The funds Gov. Malloy proposes to cut will not make him a D.C. Player and will in fact make him into a hypocrite. Further more bringing these funds to the state will allow the home visiting programs to continue to be aligned with Presidents Barack Obama's direct understanding of the importance of this type of programming.

Our state can't afford to forfeit over \$12 million in federal funding if the Trust Fund's NFN budget is cut below 95% of its 2010 state appropriation. President Obama's Federal Health Care Reform legislation includes federal funding to states for evidence-based home visitation. The federal funds are intended to supplement, not supplant state and other funding streams. States must provide a "Maintenance of Effort" agreement that they will not reduce funding below it March 23, 2010 level. Governor Malloy and our legislators have to see the value of staying the course with our president's initiative to provide services families, your constituency.

Let me explain that nothing transforms a home and the people in it quite like the arrival of a new baby. All families need support during this transition. However for those facing the additional hurdles of being young, single or low income, help in making needed adjustments is all the more critical to ensuring that families grow and thrive. The home visiting program, matches parents with trained professionals to provide information and support during pregnancy and throughout their child's first five years. By helping parents learn how to care for their children and themselves, families reap the benefits: Children are safer, healthier, better prepared to learn and more likely to become successful adults.

Home visitors partner with expectant moms to encourage them to make regular prenatal care visits, quit smoking and drinking and eat a balanced diet—all behaviors that dramatically decrease their chances of having a low birth weight or substance-exposed baby. This support does not just save families the emotional cost of these dangerous and expensive conditions; it saves states money, too.

- Every low birth weight or pre-term birth costs states between \$28,000 and \$40,000 in medical care and other related costs alone.
- Families show a statistically significant reduction in rigid parenting attitudes after 1 year in the NFN home visiting program
- In New Haven NFN home visiting program, mothers who received home visits were half as likely to deliver low birth weight babies as mothers who were not enrolled.
- Families show a statistically significant increase in knowledge and use of community resources after 1 year in the NFN home visiting program

Home visiting helps parents find healthy solutions to stressful circumstances by connecting them with safe and stable housing and counseling for substance abuse or depression, as well as by teaching them to build positive, loving relationships with their children. Research shows that kids who have strong bonds with their parents have better lifelong emotional health and have a lower risk of later problems, including alcoholism, depression, eating disorders, heart disease, cancer and other chronic illnesses. Studies have found that young mothers and fathers who participated in home visits were more sensitive and supportive in interactions with their children, and they reported less stress.

One review of home visiting programs found significant improvements in parenting behaviors and attitudes. The ever-changing demands of raising an infant or toddler can prove challenging for even the best-prepared parent. In 2009, there were more than 750,000 victims of child abuse or neglect in the United State and almost half of the abuse-related fatalities were babies less than one year old. By helping parents understand their children's development, set realistic expectations for behavior and improve the safety of their homes, home visiting programs have been shown to cut incidences of child abuse and neglect in half.

By age two, children in one national NFN home visiting program, were 35 percent less likely to end up in the emergency room and 40 percent were less likely to need treatment for injuries and accidents.

Connecticut should invest in quality, evidence-based home visiting programs, which offer moms (and dads) access to information about their child's health and developmental and safety needs, as well as resources to go back to school and find stable jobs. Fostering positive parenting skills and family responsibility and health today sows the seeds for safer, healthier children who are better prepared to learn tomorrow. While tax payers reap the benefit when many of our nation's costliest social problems—school failure, child abuse and welfare dependence—are prevented. President Barrack Obama believes in home visiting and is partners with policy makers and advocates to promote smart state investments in quality, home-visiting programs for new and expectant families. Our state should not lag behind, in this time like this when we have the opportunity to pull our most value resource along economically in this recession and that is our families.

**Total Number of Families Served in NFN Home Visiting at Non-Hospital Sites in Hartford and New Haven: 2008 & 2009**

	2008	2009	Estimated in 2010 with no cuts (based on average of 2008 and 2009)	Estimated Loss of Families	Total estimated in 2010 with non hospital sites in Hartford and New Haven cut and a 30% in other sites.
Total # of families served in NFN Home Visiting	1716	2039	1878	1042 (684 families lost due to close of sites on Hartford and New Haven and 358 families lost due to 30% cut in remaining sites)	836

**Outcome Data of all NFN Families  
(families starting services in 2008)**

- Families show a statistically significant reduction in rigid parenting attitudes after 1 year in the NFN home visiting program

<b>Child Abuse Potential Inventory-Rigidity Subscale Entry and 1 Year Outcome Data (N=292)</b>	<b>Entry</b>	<b>1 Year</b>
Rigidity Subscale Score	24.7	21.0***

\* p<.05      \*\*p<.01      \*\*\*p<.001

- Families show a statistically significant increase in knowledge and use of community resources after 1 year in the NFN home visiting program

<b>Community Life Skills Scale Entry and 1 Year Outcome Data (N=292)</b>	<b>Entry</b>	<b>1 Year</b>
Total	23.5	25.7***
Transportation	3.2	3.5***
Budgeting	3.1	3.6***
Support Services	4.1	4.5***
Support/Involvement	4.1	4.8***
Interests/Hobbies	2.6	2.7
Regularity/Organization/Routines	6.4	6.7**

\* p<.05      \*\*p<.01      \*\*\*p<.001

**Outcome Data of NFN Families at Sites Proposed to be Eliminated  
(families starting services in 2008)**

- Families show a statistically significant reduction in rigid parenting attitudes after 1 year in the NFN home visiting program

<b>Child Abuse Potential Inventory-Rigidity Subscale Entry and 1 Year Outcome Data (N=109)</b>	<b>Entry</b>	<b>1 Year</b>
Rigidity Subscale Score	28.5	23.1***

\* p<.05      \*\*p<.01      \*\*\*p<.001

- Families show a statistically significant increase in knowledge and use of community resources after 1 year in the NFN home visiting program

<b>Community Life Skills Scale Entry and 1 Year Outcome Data (N=109)</b>	<b>Entry</b>	<b>1 Year</b>
Total	22.8	25.3***
Transportation	3.3	3.6**
Budgeting	3.0	3.6***
Support Services	4.1	4.5***
Support/Involvement	3.7	4.6***
Interests/Hobbies	2.6	2.5
Regularity/Organization/Routines	6.3	6.5

\* p<.05      \*\*p<.01      \*\*\*p<.001

Here is a brief description of the levels of significance:

The P value on the bottom of each table refers to levels of significance. A p<.05 indicates that there is less than 5% chance that the change noted is due to random chance, p<.01 indicates less than 1% chance, and p<.001 means there is less than .01% chance that change is due to random chance.

So, the more stars you see in the tables the greater the level of significance and the stronger your results are. The mean scores, the variation of scores, and the number of subjects in your sample all affect the level of significance. For example, it is easier to show significant change in a large sample as compared to a smaller sample.

**Entry Demographic Characteristics of 2009 Families at NFN Sites  
Proposed to be Eliminated**

<b>Entry Demographic Characteristic</b>	<b>%</b>
Mother smoked cigarettes during pregnancy	6%
Mother used illicit drugs during pregnancy	2%
Mother used alcohol during pregnancy	3%
Child born with medical problem	8%
Mother's is single, never married	91%
Mother's race	
White	5%
Black	29%
Hispanic	57%
Other	9%
Language mother speaks	
English	57%
Spanish	17%
English and Spanish	25%
Other	1%
Highest grade mother completed	
8 <sup>th</sup> grade or less	7%
Less than high school	39%
High school or GED	29%
Post secondary vocational/training certificate	8%
Some college	15%
College degree	3%
Mother's employment status	
Mother not employed, not seeking work	62%
Mother not employed, is seeking work	14%
Employed, but on maternity leave	8%
Employed full-time	11%
Employed part-time	9%
Mothers covered by medical insurance	92%
Mothers enrolled in school	27%
Mothers with financial difficulties	74%
Mothers socially isolated	24%
Mothers with a learning disability	5%
Mothers with an arrest history	22%
Mothers receiving TANF	14%
Mothers receiving WIC	87%

# Section 5: Home Visitation for Fathers: Preliminary Results From a Pilot Project

In this section, we describe a pilot project that began in 2009 and is designed to provide intensive home visitation services to fathers in select NFN sites. Demographic and risk profiles of participating fathers are provided as well as rates of program participation.

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

### Fathering Home Visiting:

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. Shortly after, a funding opportunity arose for a small group of sites to expand their services. On March 1, 2009, a home visiting pilot for fathers officially began in five NFN sites. Males were hired as home visitors and services were offered to fathers of then enrolled NFN children. Subsequently, services were also offered to fathers not attached to enrolled NFN children. The structure of home visits for fathers are comparable to standard NFN home visits: services are offered on a weekly basis, curriculum are used, and parent-child interaction is modeled. In this section, we present preliminary data on pilot participants, including a demographic and risk profile, and a description of services received.

### Demographic Profile

As of the end of 2009, 33 fathers had received home visits at 5 sites. A demographic profile of these fathers are provided in Table 51. Different N sizes are due to missing data or information.

- 21% of fathers were under the age of 20 when their child was born.
- A little more than half of fathers were Black, with 33% Hispanic, and 8% White.
- 65% of fathers had completed high school, with 17% having some post-secondary education.
- 38% of fathers were employed, only 13% full-time. Moreover, 75% were reported to be struggling financially.
- All fathers were at least somewhat involved with their child.

Table 51. Demographic Characteristics of Fatherhood Pilot Participants at Program Entry	%
<b>Father's Age (N=19)</b>	
Under 16 years	5%
16-19 years	16%
20-22 years	32%
23-25 years	21%
26 years and older	26%
Median	22 years
<b>Father Race/Ethnicity (N=24)</b>	
Black	54%
Hispanic	33%
White	8%
Other	4%
<b>Language Father Speaks (N=24)</b>	
English	67%
Spanish	13%
English and Spanish	17%
Other	4%
<b>Father's Highest Level of Education Completed (N=23)</b>	
Eighth grade or less	0%
More than 8 <sup>th</sup> grade, < than HS	35%
High school degree or GED	48%
Some vocational training or college	13%
College degree or graduate work	4%
<b>Father's Employment Status (N=24)</b>	
Not employed	63%
Employed	38%
Full-time	13%
Part-time, occasional work, or more than one job	25%
<b>Fathers Enrolled in School (N=24)</b>	21%
<b>Fathers with Financial Difficulties (N=24)</b>	75%
<b>Fathers Socially Isolation (N=22)</b>	23%
<b>Father's Involvement with Child (N=16)</b>	
Very involved	94%
Somewhat involved	6%
<b>Fathers with an Arrest History (N=20)</b>	30%

# Home Visitation for Fathers: Risk Profile and Program Participation

### *Risk Profile*

The program has been successful in recruiting a high risk sample of fathers. Fathers complete the Child Abuse Potential Inventory– Rigidity subscale at program entry, six months, and then at the annual anniversaries of their start date. Data from program entry suggest that fathers have extremely rigid parenting attitudes which place them at greater risk for maltreating their children. The average fathers’ rigidity score at program entry was 32.6, well above the normative average of 10.1 and the average for NFN mothers of 25. Further, 60% of fathers scored above the cut-off score of 30, again indicating a high level of risk.

Rigidity (N=20)	32.6
% at or above Capi-R cut off score	60%

We also assess stress using the Kempe Family Stress Inventory. In Table 53, data on the ten Kempe items are presented. As shown, the

Fathers’ Kempe Scores 2009	0	5	10
1. Childhood History of Abuse/ Neglect (N=19)	53%	16%	32%
2. History of Crime, Substance Abuse, Mental Illness (N=20)	60%	25%	15%
3. CPS History (N=19)	95%	0%	5%
4. Low Self-esteem/ Social Isolation/ Depression (N=22)	32%	55%	14%
5. Multiple Stresses (N=22)	18%	55%	27%
6. Potential for Violence (N=20)	85%	0%	15%
7. Unrealistic Expectation of Child (N=22)	59%	41%	0%
8. Harsh Punishment (N=19)	84%	16%	0%
9. Negative Perception of Child (N=18)	100%	0%	0%
10. Child Unwanted/ Poor Bonding (N=22)	18%	82%	0%

most stress was seen on the Childhood History of Abuse and Neglect Subscale, with 32% of fathers scoring in the severe range and an additional 16% scoring in the moderate range. Further, 27% of fathers scored in the severe range on the Multiple Stresses subscale, with an additional 55% scoring in the moderate range. These same subscales were also the most prevalent in mothers, but mothers had a greater percentage scoring in the severe range.

### *Program Participation*

As shown in Table 54, 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 are seen 2.6 times per month. These data on in-home visits are comparable to standard home visiting, however fathers receive more visits outside the home (0.4) as compared to mothers (0.1).

	2009 N=31
Average # of attempted home visits	3.2
Average # of completed home visits	2.0
Average # of office/out of home visits	0.4
Average # of NFN social events attended	0.2
Total # of contacts	2.6

### *Research Going Forward*

In subsequent reports, we will provide more descriptive data on fathers participating in the fathering home visit pilot program. We will continue to document the frequency of services that fathers access and how long they typically stay in the program. In addition, we will provide preliminary outcome data for fathers to determine if, and how, they change during the course of their participation in the program. Specifically, we will examine changes in rigid parenting attitudes using the CAPI-R, changes in use of community resources using the CLS, and changes in attitudes of fathering using the Role of the Father Questionnaire.