

## 2012 Program Report Card: [Nurturing Families Network (Department of Social Services)]

*Quality of Life Result:* Young children in Connecticut will have quality parental care that meet their needs and will be healthy, developmentally on track, and ready to learn.

*Contribution to the Result:* [Insert Contribution]

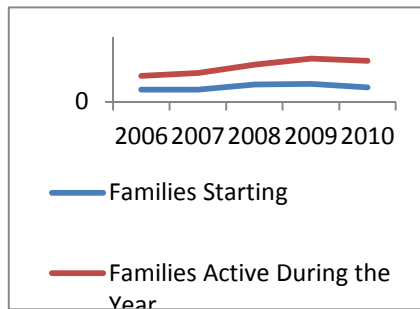
Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 11	<b>\$10,389,446</b>	\$380,000	-0-	10,769,446
Estimated FY 12	<b>\$10,389,446</b>	\$605,000	-0-	10,994,446

*Partners:* [Insert Partners]

### How Much Did We Do?

Along with an increase in program capacity over the past 5 years (from 34 sites in 2006 to 42 currently), there has been a comparative increase in NFN participants.

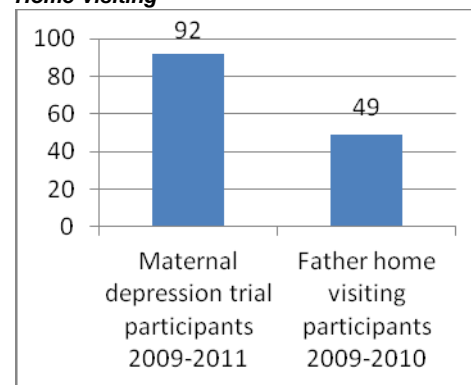
Figure 1. NFN Participation Rates: 2006-2010



**Story behind the baseline:** NFN participation in home visiting has increased by 50% from 2006 to 2010, with 1,201 participants in 2006 to 1,897 participants in 2010. There was a slight drop in rates of participation in 2010 compared to 2009, which is likely related to the challenging state budget situation with an accompanying loss of staff (3 times more new staff were trained in 2010 compared to 2008) and consequently fewer participants. In spite of these challenges, there were two initiatives within the NFN program to address the needs of parents: a randomized control trial

to test the effectiveness of in-home cognitive behavioral therapy for NFN first-time mothers who are depressed and introduction of home visitation services for fathers (i.e., provided by male home visitors). See below Figure 2 for participation rates of these two initiatives.

Figure 2. Participation in Depression Trial and Father Home Visiting

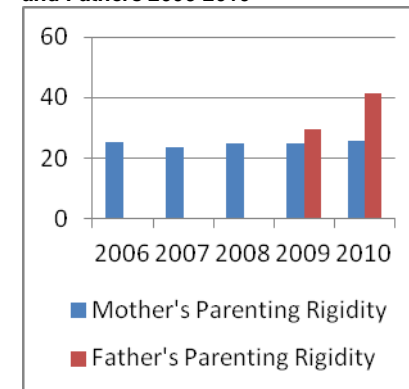


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### How Well Did We Do It?

**The program was successful in screening and recruiting its target population: high-risk mothers and fathers. Figures 3 through 5 provide data on participants' parenting attitudes (i.e., rigidity) and family stress.**

Figure 3. Parenting Rigidity: Scores for Mothers and Fathers 2006-2010

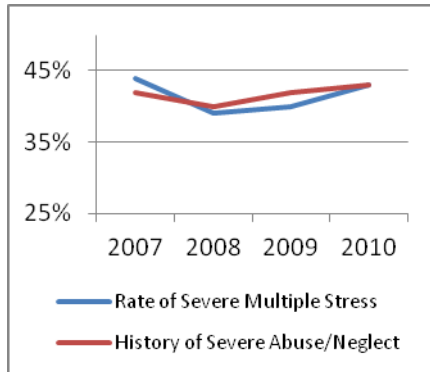


**Story behind the baseline:** Scores on the Child Abuse Potential Rigidity (CAPI-R) subscale indicate the level of rigid parenting attitudes, and consequent risk for maltreating children. The average score for a normative population on the CAPI-R is 10.1. The data in Figure 3 shows that NFN mothers (average score of 25) and fathers (average score of 34) come into the program with CAPI-R scores more than twice the normative score (i.e. 10), indicating extremely high-risk populations for abuse and neglect.

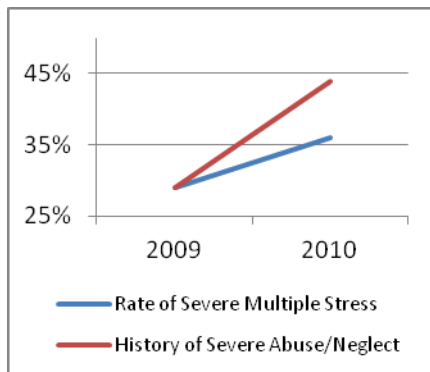
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**Figure 4. NFN Mothers Rate of Severe Multiple Stresses and History of Severe Abuse/Neglect: 2007-2010**



**Figure 5. NFN Fathers Rate of Severe Multiple Stresses and History of Severe Abuse/Neglect: 2009-2010**



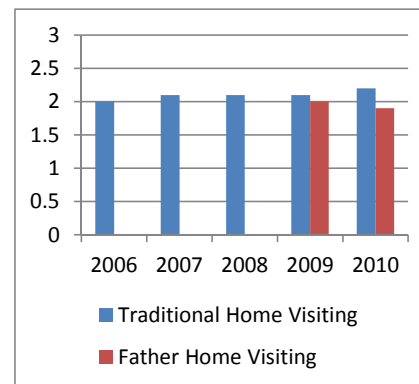
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**Story behind the baseline:** Rates of severe multiple stresses and history of severe abuse/neglect, as measured by the Kempe Family Stress Checklist, are presented separately for mothers and fathers in Figures 4 and 5. These data show that approximately 40% of mothers score in the severe range of both constructs, with many struggling with financial strains, relationship problems, and

past trauma. While fathers have slightly lower rates of severe stress compared with mothers, rates for the 2010 cohort were higher than rates in 2009. Most fathers' stress centered on financial stresses and living situations, as well as their own history of abuse/neglect. Both mothers and fathers also showed more moderate stress in the areas of social isolation, depression, and criminal histories.

**How Well Did We Do It?**  
Mothers and fathers participating in NFN received intensive home visiting services.

**Figure 6. Number of Home Visits Per Month for Mothers and Fathers: 2006-2010**



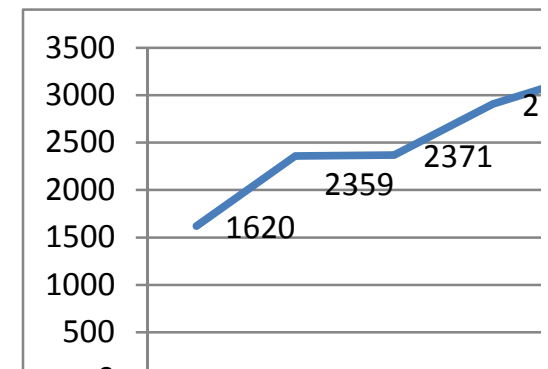
**Story behind the baseline:** Data on frequency of home visitation in Figure 6 indicate that mothers are seen in the home at least twice per month, with an average of 2.2 times in 2010. Fathers were seen in the home a comparable (although slightly less) amount of times, an average of 1.9 visits per month in 2010.

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**How Well Did We Do It?**

Home visitors and NFN parents are monitoring children for developmental delays.

**Figure 7. Number of Ages and Stages Questionnaires Completed on NFN Home Visiting Children: 2006-2010**



**Story behind the baseline:** In addition to a focus on preventing child abuse and neglect, NFN home visitation also focuses on child development outcomes. During home visits, NFN home visitors and families complete the Ages and Stages Questionnaire to screen children for possible developmental delays. Data from the past five years, shown in Figure 7, show a continuous increase in the number of ASQ screens completed, with 3,234 completed in 2010.

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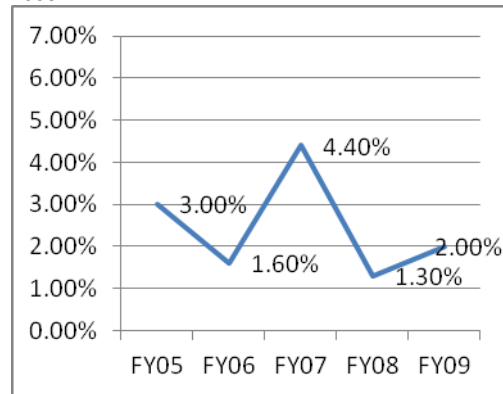
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### Is Anyone Better Off?

Rates of abuse and neglect are very low compared with other high-risk populations.

Figure 8. NFN Annual Rates of Abuse/Neglect: 2005-2009



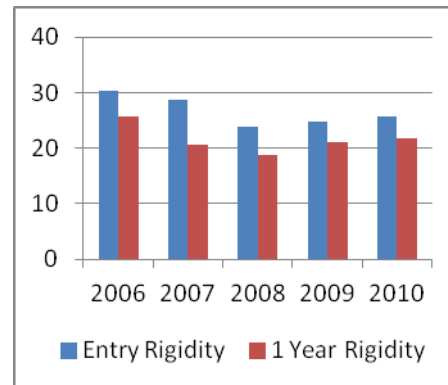
**Story behind the baseline:** Figure 8 provides the NFN annualized rates of maltreatment for the past 5 years. Rates of substantiated abuse/neglect ranged from 4.4% (the highest) in 2007 to 1.3% (the lowest) in 2008, with the 2009 rate at 2%. These rates are very low when compared with rates of 20-25% reported in studies with similarly high-risk mothers who did not receive home visitation services.

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### Is Anyone Better Off?

Mothers participating in NFN show a decrease in rigid parenting attitudes during the first year of program services.

Figure 9. Parenting Rigidity Outcomes After 1 Year of NFN Program Participation



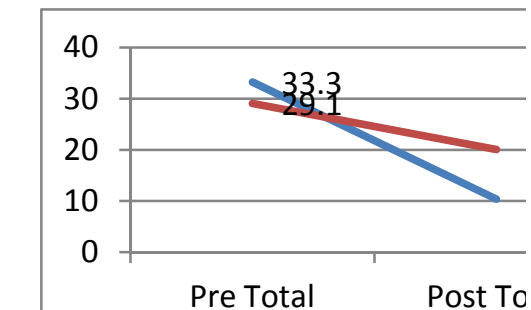
**Story behind the baseline:** Families participating in NFN home visiting show significant reductions on the rigidity subscale of the CAPI-R within 1 year of program participation, as shown in Figure 9. These data indicate that families have less rigid parenting attitudes and are less likely to treat their children forcefully.

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### Is Anyone Better Off?

Depressed NFN mothers participating in In-Home Cognitive Behavioral Therapy have significantly lower rates of depression.

Figure 10. Mothers' Beck Depression Inventory Scores Pre and Post Study, Treatment vs Control Group: 2009-2011



**Story behind the baseline:** The NFN program is conducting a randomized clinical trial to test the efficacy of In-Home Cognitive Behavior Therapy (IH-CBT) in conjunction with home visitation for mothers who have Major Depression. At post treatment, average scores on the Beck Depression Inventory were significantly lower ( $F=11.4, p=.002$ ) for mothers participating in the treatment group (10.4) as compared to mothers in the control group (20.1). Further, the average score of NFN mothers who received IH-CBT (10.4) was below the cut-off point of 16 on the Beck Depression Inventory at post treatment showing rates of improvement were of clinical significance as well as statistical significance.

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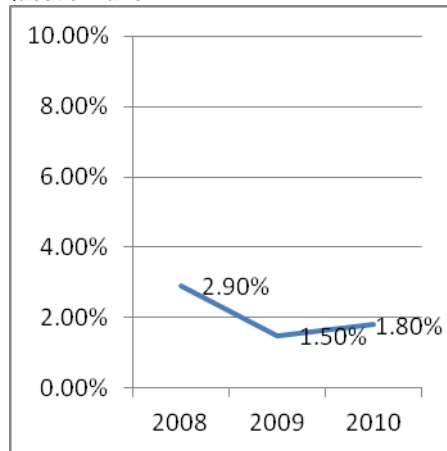
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### Is Anyone Better Off?

#### Rates of developmental delay for NFN children are low as measured by the Ages and Stages Questionnaire.

Figure 11. Percentage of NFN Children Identified As Having a Potential Delay on the Ages and Stages Questionnaire



**Story behind the baseline:** A small percentage of NFN children each year are identified by the ASQ as having a potential for a developmental delay. The rates for the past 3 years have ranged from 1.5% to 2.9%. This compares favorably to the approximately 5% to 13% of young children nationwide who show developmental delays.

**Trend:** ▲

### Proposed Actions to Turn the Curve:

The NFN program is currently going through a process of rebuilding following instability related to the challenging state budget during the past 3 years. (See Figure 1, Story behind the baseline). This will include hiring and training new staff, increasing caseloads, and providing a more stable work environment. The goal is to restore staff retention rates to where they were in 2007, when the average length of employment for staff was 4 years. Concurrently, capacity to recruit and retain high-risk populations of parents and provide intensive home visiting services will increase.

Even with challenges to the budget, initiatives to serve special populations of parents continued during the past year. The in-home cognitive behavioral therapy trial for depressed mothers will end of June 2012, after which the in-home therapy will be offered (within capacity) to depressed mothers in NFN sites across the state. In addition, there are now fathering home visitors in 10 NFN sites statewide. There is also a process study underway to better understand these services provided to fathers. The information from these two projects will help inform the implementation of NFN program services and maximize outcomes for fathers and depressed mothers.

We have developed a web-based database, the Children's Trust Fund Data System (CTFDS), to track families through their participation in three CTF DSS programs including the Nurturing Families Network. The CTFDS will be used as a framework for examining program content, service strategies for reaching different populations of parents, and outcomes for families participating in one or multiple program services.

**Data Development Agenda:** The new web-based data system, CTFDS, will allow us to assess program implementation, utilization, and effectiveness for the statewide NFN program as well as each of the individual sites. The database also provides the capacity to document the linkages between the Nurturing Connections (screening and recruiting component) and home visiting components of NFN, which will help determine the most effective recruitment strategies. Information gleaned from the database will be used to analyze the context of the NFN program and describe how the program is linked with other programs of the Children's Trust Fund (specifically, Family-School Connection and Healthy Start) and other services in the community.