

Healthy Families New York

Research Highlights

- Fathers participated more frequently when they were present from the very beginning of services.
- Families where fathers attended visits remained enrolled in the program longer.
- Fathers who participated in home visits were more likely to remain in or move into the home.

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Supporting Families Right from the Start!

Healthy Families New York (HFNY) is an evidence-based, voluntary home visiting program offering services to expectant parents and new families, beginning weekly and decreasing over time, until the child enters Head Start or kindergarten.

Services include educating families on parenting and child development, connecting families with medical providers, assessing children for

developmental delays, and helping families access community referral resources and services.

The goals of HFNY are to support positive parent-child bonding and relationships; promote optimal child and family health, development and safety; enhance family self-sufficiency; and prevent child abuse and neglect.

Research to Practice: Understanding Fathers' Participation in Home Visits

Research shows the important role that fathers play in promoting healthy child development. In 2007, HFNY began a focused effort to promote the development of a father-inclusive culture and increase involvement of fathers in all aspects of home visiting.

Program data showed that HFNY was not adequately capturing fathers' participation in home visits. Data collection forms and the management information system were therefore revised to collect more detailed information about fathers.

In 2015, the HFNY research team conducted analyses using this new information to learn more about how fathers are involved in HFNY.

Data for these analyses were extracted from the HFNY management information system for families with a biological mother listed as the primary caregiver who enrolled in the program between January 1, 2013 and September 17, 2014.

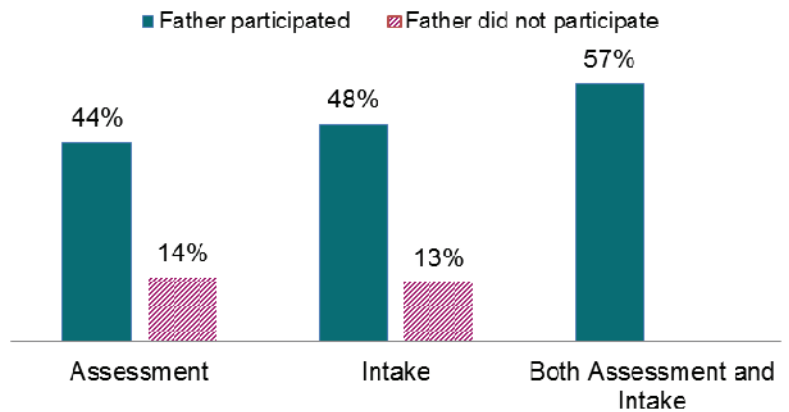
A total of 3,572 new families enrolled during this period. Information about the father was available for 2,463 families (69%).

Among these 2,463 families, approximately 18 percent were families in which both parents were married. The majority reported that the father was living in the home. The families in this sample were racially and ethnically diverse, with most born in the United States. Mothers had a median age of 24 and fathers had a median age of 26.

Adapted from analyses conducted by Sandra McGinnis, Ph.D., Center for Human Services Research

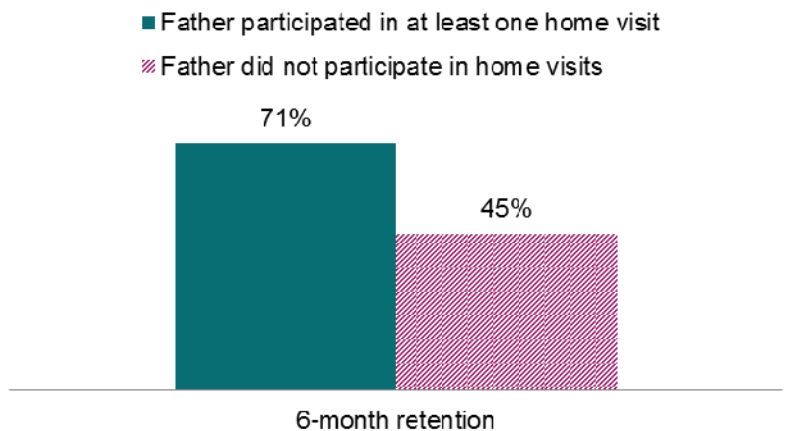
Fathers who participated in the assessment or intake visits attended more of their families' visits than fathers who were not present during those initial home visits. Programs should actively engage fathers from the very beginning of service provision to increase their participation.

Percent of Home Visits Attended by Fathers by Participation in Assessment or Intake



After six months, 71 percent of families where the father participated in at least one home visit were still in the program, compared to 45 percent of families where the father did not participate. Engaging fathers in home visits may increase the likelihood that the family will stay in the program longer.

Family Retention Rates at Six Months Postpartum by Father Participation



Fathers who participated in home visits were more likely to be living in the home at six months postpartum than fathers who did not participate in home visits. This held true regardless of their residence at intake.

Percent of Fathers Living in the Home at Six Months by Participation and Residence at Intake

