

# CFRP POLICY BRIEF

## Engaging Young Parents and Fathers in Parenting Programs

Although extensive research shows the importance of fathers in the lives of their children, there is little research exploring the unique needs and challenges of young fathers between the ages of 18 and 24. CFRP conducted a study of over 2,000 families participating in home visiting programs and examined differences between young and older parents in their level of risk at program entry, program participation, and the extent to which they benefited from program participation. Additionally, CFRP measured whether father participation in the program was associated with any differences in family risk, program participation, or outcomes. Our analyses show that young and older families demonstrate different types of risk at program entry, but father participation in the program is associated with lower levels of risk regardless of parent age. Additionally, both young and older families are likely to participate in the program longer when fathers are involved. For older parent families specifically, father involvement is associated with receiving important screenings later in the program. Finally, analyses predicting key parenting outcomes show modest benefits for older parents, but no measurable benefit for young parents, and father involvement in the program has no significant influence on any of the program outcomes for either age group. The findings presented here highlight the differences between young and older parents and to help policymakers, program providers, and other stakeholders better serve and engage young parents and fathers.

### Introduction

One in ten parents with a child under the age of six is younger than 25 years old, yet little information exists about the needs and challenges unique to young parents.<sup>1</sup> Even less is known about the needs of young fathers or effective strategies to engage and strengthen young fathers' parenting skills. The extant research suggests that despite young fathers' desires to maintain relationships with their children and families,<sup>2</sup> young fathers are typically more disadvantaged, less likely to be married, and less likely to be co-residential parents than older fathers.<sup>3</sup> Because father involvement is linked to better outcomes on almost every child wellbeing measure, including cognitive development, educational achievement, self-esteem, and pro-social behavior,<sup>4</sup> children of younger fathers may be particularly at risk for poorer outcomes.

Early childhood programs aimed at helping parents improve their children's health and school readiness provide a good opportunity to engage fathers, and research has shown that fathers play a significant role in shaping the degree to which families benefit from home visiting programs.<sup>5</sup> One study showed that

families are more than four times more likely to remain in home visiting programs if fathers participate.<sup>6</sup> Unfortunately, father participation in home visiting programs has been relatively low due to several barriers or risk factors, such as parents' relationship status, fathers' socioeconomic status, and maternal gatekeeping practices.<sup>7</sup>

The Annie E. Casey Foundation contracted with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) at the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin to study the unique needs of young parents, particularly fathers, and how they are served by public and nonprofit programs. This study examines existing data available on young parents participating in evidence-based home visiting programs in Texas to identify how the needs of young parents differ from those of older parents; whether program participation and the benefits of home visiting programs vary for young or older parents; and whether father involvement in the program is associated with any of the identified differences.

## Study Design

CFRP relied on data from more than 2,000 families participating in an evidence-based home visiting program across 16 sites in Texas to address three specific research questions:

1. Do the needs of families at program entry vary depending on parent age?
2. How do program participation and the services families receive through the program vary by parent age?
3. How do program outcomes vary by parent age?

For each of the above research questions, we analyzed whether the results differ between families in which fathers participated in the program and those in which fathers did not participate.

## Sample

The study sample includes families participating in an evidence-based home visiting program that serves parents prenatally through age five. To be included in the sample, families had to have received at least one home visit between October 1, 2016, and June 30, 2018, and be enrolled in the program with a child born by March 31, 2018. Additionally, parents had to be at least 18 years of age; therefore, we dropped any families who were teen parents or who were missing parent age from the sample. Families with multiple births also were excluded from the sample. Finally, the sample was further limited to families who had completed at least one assessment survey,<sup>a</sup> the only available source of information on family outcomes. These exclusions resulted in a total sample size of 2,099 families.

## Measures

The primary measures of interest for the study were parent age and father involvement in the program. The majority of guardians participating in the home visiting program were mothers (nearly 88 percent); thus, the available data on participating fathers were insufficient for a robust study comparing young and older fathers. Instead, CFRP compared young parents (defined as guardians who were at least 18 years

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<sup>a</sup>The assessment survey—the Parenting Check-In (PCI)—was developed by CFRP and is described later in the measures section.

old but less than 25 years old; n=513) with older parents (defined as guardians 25 years old and older; n=1,586). In the study, the term “parent” refers to any adult guardian who participated in the program.

CFRP measured father involvement in the program using a binary indicator of whether the father was ever present at any home visit. This measure may underestimate the actual level of father engagement with the program—fathers often engage with the program in other ways besides attending home visits,<sup>8</sup> but attending a home visit is the only available data.

Table 1 provides additional detail on each of the measures used to address each research question.

**Table 1. Descriptions of Measures and Definitions**

	Measures	Definition	Data Source
<b>Research Question #1:</b> Do the needs of families at program entry vary depending on parent age?	<b>Family Demographics Characteristics</b>	<ul style="list-style-type: none"> <li>• Parent race/ethnicity (white, black, Hispanic, or other)</li> <li>• Child gender</li> <li>• Child age at time of first home visit</li> <li>• Parent age at time of first home visit</li> </ul>	Home visiting program model administrative data (securely accessed by CFRP)
	<b>Family Risk Factors at Program Entry</b>	<ul style="list-style-type: none"> <li>• Human capital risk factors:                             <ul style="list-style-type: none"> <li>○ English as a second language (ESL)</li> <li>○ Low education (not currently in school and no high school diploma or GED)</li> <li>○ Low income (TANF or FRPL eligible; income-to-needs ratio below 185% Federal Poverty Line)</li> <li>○ Parent unemployment (parents who work 0 hours)</li> </ul> </li> <li>• Family structure risk factors:                             <ul style="list-style-type: none"> <li>○ Current/former military (anyone in the household is currently or was formerly in the military)</li> <li>○ Single parent</li> <li>○ Teen parent (self-reported if the parent age was less than 20 at the birth of their first child)</li> </ul> </li> <li>• Health risk factors:                             <ul style="list-style-type: none"> <li>○ Child disability</li> <li>○ Child uninsured</li> <li>○ Parent uninsured</li> <li>○ Parent uses tobacco</li> <li>○ Parent disability</li> </ul> </li> <li>• Cumulative risk : sum of individual risk factors                             <ul style="list-style-type: none"> <li>○ Lowest risk: two or fewer risk factors</li> <li>○ Medium risk: three to four risk factors</li> <li>○ Highest risk: five or more risk factors</li> </ul> </li> </ul>	Home visiting program model administrative data (securely accessed by CFRP); Selection of risk factors for analysis was limited to availability in the administrative data

	Measures	Definition	Data Source
<b>Research Question #2:</b> How do program participation and the services families receive through the program vary by age?	<b>Dosage</b>	The number of home visits the family received during their participation	Home visiting program model administrative data (securely accessed by CFRP)
	<b>Service Length</b>	The number of days between the first home visit and the last or most recent home visit	
	<b>Early Termination</b>	Whether the family terminated the program before one year	
	<b>Screenings</b>	<ul style="list-style-type: none"> <li>Maternal depression: within 90 days of enrollment</li> <li>Intimate partner violence (IPV): within six months of enrollment</li> <li>Developmental (children’s developmental delays): within 90 days of birth/enrollment and at various age intervals</li> </ul>	
<b>Research Question #3:</b> How do program outcomes vary by parent age?	<b>Parent Engagement</b>	The number of days per week that parents read books with or to their child	Parenting Check-In (PCI) survey– a self-reported assessment of key parenting outcomes (e.g., parent engagement, parenting stress, use of harsh discipline) developed by CFRP completed by parents every 3-6 months
	<b>Parent Stress</b>	The average level of parent agreement (1, “strongly disagree,” to 6, “strongly agree”) with seven statements that capture parents’ stress level	
	<b>Harsh Discipline</b>	Whether parents indicate they have used harsh discipline techniques in the past 30 days	

## Major Findings

The analyses were designed to examine differences between young and older parents in their level of risk at program entry, program participation, and the extent to which they benefited from program participation. Additionally, we analyzed differences in risk, program participation, parenting outcomes between families in which fathers participated in the program and those in which fathers did not participate. Findings from each research question are described below.

### Do the needs of families at program entry vary depending on parent age?

To answer the first research question, we analyzed the descriptive differences between young and older parents’ demographic characteristics and risk factors at program entry. Then, separately for young and older parents, we analyzed whether families with fathers who participated in the program differed in their demographic characteristics and risk factors from families who did not have fathers involved in the program. We conducted proportions tests to examine whether any of the observed differences between young and older parents or families with and without program-involved fathers were statistically significant.

## Though demographically similar, young and older parents demonstrate different needs at program entry.

### *Demographic Characteristics*

The average age of young parents at their first home visit is just over 22 years compared to approximately 33 years among older parents. Analyses of family demographic characteristics at program entry show that young and older parents participating in the home visiting program are demographically similar with one exception—child age (Table 2). The average age of children among young parents at their first home visit is 16 months, compared to just under 22 months among children of older parents.

**Table 2. Descriptive Statistics for Young and Older Parents: Demographic Characteristics**

	Young Parents (n=513)	Older Parents (n=1,586)
Hispanic	75.44%	75.54%
White, non-Hispanic	14.23%	12.93%
Black, non-Hispanic	7.80%	8.20%
Other Race/Multi	2.53%	3.34%
Child is Female	48.54%	48.87%
Child Age at First Home Visit (in months)	16.01 ***	21.67 ***
Parent Age at First Home Visit (in years)	22.06 ***	33.39 ***

Notes. \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ . P-values are the result of across age group t tests that test the significant differences between the young parents and older parents.

### *Risk Factors at Program Entry*

To assess families' needs at program entry, we analyzed 12 risk factors using administrative data collected by the home visiting program (Table 3). We examined risk or need using three risk domains (human capital, family structure, and health), and we assessed risk as a cumulative risk score based on the sum of the 12 individual risk factors.

#### *Human Capital Risk*

Human capital risk factors include being low income, having low levels of education, being unemployed, or having English as a second language (which can make employment more difficult). The majority of all families in the program are low income, but families with young parents are significantly more likely to be low income than those with older parents (Table 3). By contrast, older parents are more likely to have English as a second language. Young and older families had similar levels of risk at program entry in terms of unemployment and low educational attainment. Over 60 percent of families in both age groups have an unemployed parent in the household, and over one-third of both young and older parents have low educational attainment, meaning they lack a high school diploma or GED.

#### *Family Structure Risk*

Family structure risk factors include being a single parent, having been a teen parent at the birth of their first child, or having current or former military family members (deployments, frequent relocations, and social isolation are sources of instability and stress often associated with being a part of a military family). Young parents are twice as likely as older parents to be single parents, and are also substantially more likely to have been or be teen parents (Table 3). Few families with parents of any age have current or former military family members, although older parents are more than twice as likely to have this risk.

### Health Risk

Health risk factors include being uninsured, having an uninsured child, having a child with a disability, having a personal disability, or using tobacco. Although nearly half of all parents in the program are uninsured at program entry, older parents are significantly more likely to be uninsured compared to young parents (Table 3). Older parents are also significantly more likely to have a child with a disability. Young and older parents demonstrate similar levels of risk in terms of personal disabilities, using tobacco, and having an uninsured child.

**Table 3. Descriptive Statistics for Young and Older Parents: Risk Factors at Program Entry**

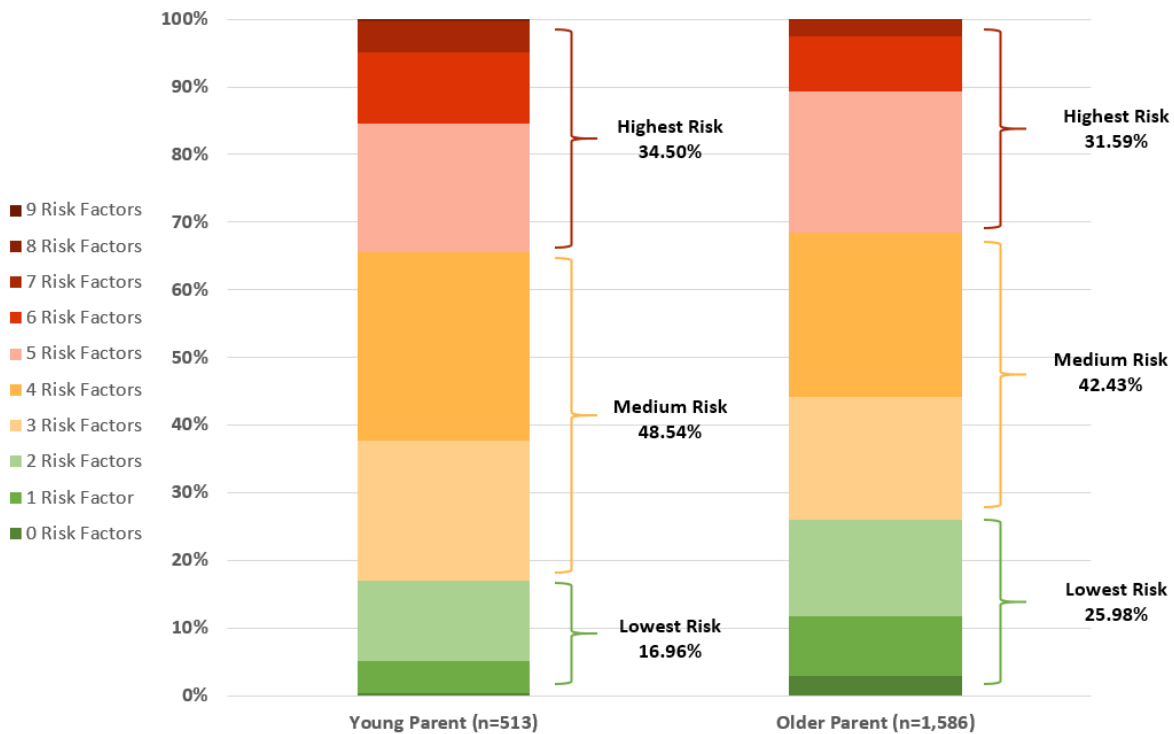
		Young Parents (n=513)	Older Parents (n=1,586)
<b>Human Capital Risk</b>	<b>Low Income</b>	94.75% ***	86.89% ***
	<b>Parent Unemployed</b>	60.23%	61.54%
	<b>English as Second Language (ESL)</b>	34.31% ***	55.36% ***
	<b>Low Education</b>	37.04%	38.46%
<b>Family Structure Risk</b>	<b>Single Parent</b>	51.46% ***	24.72% ***
	<b>Teen Parent</b>	37.82% ***	0.38% ***
	<b>Current/Former Military</b>	0.97% *	2.59% *
<b>Health Risk</b>	<b>Parent Uninsured</b>	45.81% *	50.88% *
	<b>Child Disability</b>	14.81% **	20.74% **
	<b>Parent Disability</b>	6.24%	7.31%
	<b>Parent Uses Tobacco</b>	7.02%	5.99%
	<b>Child Uninsured</b>	4.68%	5.23%

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of across age group t tests that test the significant differences between the young parents and older parents.

### Cumulative Risk

We categorized a family’s cumulative risk level into three levels: lowest risk (0-2 risk factors), medium risk (3-4 risk factors), and highest risk (5 or more risk factors). Although nearly half of all families fall into the medium risk category, young parents have a significantly larger percentage of the medium-risk families compared to older parents (Figure 1). By contrast, older parents have a significantly larger percentage of the lowest-risk families. The percentage of highest-risk families (roughly one-third of families) is similar across young and older parents.

**Figure 1. Cumulative Risk Factors at Home Visiting Program Entry**



Note. Only nine risk factors were included because no one in the sample had 10 or more of the 12 possible risk factors.

## Families with a father who participates in the program have lower risk levels at program entry regardless of parent age.

As shown in Tables 4 and 5, among both young and older parents, when fathers are involved in the program, families have lower overall cumulative risk scores, and parents are less likely to speak English as a second language, have low levels of education, be single parents, or be uninsured compared to families in which fathers are not involved. Additionally, among older parents, families with a program-involved father are less likely to be low income or have an unemployed parent compared to older-parent families without a program-involved father (Table 5). These findings demonstrate that families who enter the program with fewer risks factors are more likely to have a program-involved father. Conversely, if a father is not involved in the program at all, this is a signal that the family may have greater needs.

**Table 4. Risk Factors among Young Parents by Fathers' Involvement in the Program**

		Young Parents, Involved Father (n=260)	Young Parents, Father Not Involved (n=253)	Young Parents, Involved vs. Young Parents, Not Involved
Human Capital Risk	Low Income	93.08%	96.44%	
	Parent Unemployed	60.00%	60.47%	
	English as Second Language	26.92%	41.90%	***
	Low Education	32.69%	41.50%	*
Family Structure Risk	Single Parent	42.31%	60.87%	***
	Teen Parent	33.85%	41.90%	
	Current/Former Military	1.92%	0.00%	*
Health Risk	Parent Uninsured	40.38%	51.38%	**
	Child Disability	15.38%	14.23%	
	Parent Disability	6.92%	5.53%	
	Parent Uses Tobacco	7.69%	6.32%	
	Child Uninsured	3.85%	5.53%	
<b>Mean Cumulative Risk</b>		3.65	4.26	***

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of within age group t tests that test the significant differences between the young parents/involved father and young parents/not involved father groups.

**Table 5. Risk Factors among Older Parents by Fathers' Involvement in the Program**

		Older Parents, Involved Father (n=742)	Older Parents, Father Not Involved (n=844)	Older Parents, Involved vs. Older Parents, Not Involved
Human Capital Risk	Low Income	83.96%	89.45%	***
	Parent Unemployed	57.01%	65.52%	***
	English as Second Language	52.02%	58.29%	*
	Low Education	34.37%	42.06%	**
Family Structure Risk	Single Parent	20.35%	28.55%	***
	Teen Parent	0.40%	0.36%	
	Current/Former Military	4.45%	0.95%	***
Health Risk	Parent Uninsured	48.38%	53.08%	*
	Child Disability	21.56%	20.02%	
	Parent Disability	8.09%	6.64%	
	Parent Uses Tobacco	8.09%	4.15%	***
	Child Uninsured	6.20%	4.38%	
<b>Mean Cumulative Risk</b>		3.45	3.73	**

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of within age group t tests that test the significant differences between the older parents/involved father and older parents/not involved father groups.



## Summary

The findings show that though young and older parent families in the home visiting program are demographically similar, and have a similar level of cumulative risk (between three and four risk factors), there are important differences in the type of risk families demonstrate at program entry between young and older parents. Young parents are more likely to have needs related to family structure, whereas older parents have more health-related risk factors. Father involvement in the program is associated with lower levels of risk at program entry for both age groups, but particularly so for older parent families.

## How do program participation and the services families receive through the home visiting program vary by parent age?

For the second research question, we analyzed how parent age and father involvement are associated with how much of the home visiting program families receive (dosage), how long they participate in the program (service length), the likelihood of families to leave the program early (early termination), and the timing associated with the receipt of important screenings. We conducted a series of ordinary least squares (OLS) and logistic (for the binary indicator of early termination) regression models, controlling for demographic characteristics and cumulative risk, predicted dosage, service length, likelihood of early termination, and the amount of time between a family’s first home visit and each of three screenings, separately for young and older parents. Finally, we repeated the series of OLS and logistic regression models, but also included an indicator of father involvement in the program. For ease of interpretation, the results from the descriptive analyses are shown, but the descriptive results are consistent with the results from the multivariate analyses.

### Young and older parents generally receive a similar number of home visits and participate in the program for a similar length of time.

We examined home visiting program participation in three different ways—the number of home visits families receive while participating (dosage), the length of time families participate (service length), and whether families leave the program prior to program completion—families who left the program prior to 12 months were considered “early terminators.”

Young and older parents are mostly similar in their program dosage and service length. On average, young and older parents receive between 26 and 27 home visits and participate for approximately 17 to 18 months. Young parents, however, are significantly more likely than older parents to terminate the program early (Table 6). The findings are consistent across young and older parents in multivariate models that control for demographic characteristics and cumulative risk (not shown).

**Table 6. Dosage, Service Length, Early Termination among Young and Older Parents**

	Young Parents (n=513)	Older Parents (n=1,586)
	% or mean	% or mean
Dosage (Total Home Visits)	26.56 visits	27.16 visits
Service Length	17.49 months	18.12 months
Early Termination	27.10% *	22.38% *

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of across age group t tests that test the significant differences between the young parents and older parents.

## Families with program-involved fathers receive more home visits and stay in the program longer, regardless of parents' age.

Young and older parents with program-involved fathers receive more home visits (approximately 10 more visits), stay in the program longer (seven additional months), and are less likely to terminate early than families without involved fathers (Tables 7 and 8). The descriptive results for dosage and service length are largely consistent with the results from multivariate models controlling for demographic characteristics and cumulative risk. The results from the multivariate models predicting early termination, however, show that father involvement in the program is not associated with early termination for either age group.

**Table 7. Dosage, Service Length, and Early Termination among Young Parents by Fathers' Involvement in the Home Visiting Program**

	Young Parents, Involved Father (n=260)	Young Parents, Not Involved Father (n=253)	Young Parents, Involved vs. Young Parents, Not Involved
	% or mean	% or mean	
Total Home Visits/Dosage	31.23	21.75	***
Service Length	20.94 months	13.94 months	***
Early Termination	18.08%	36.36%	***

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of within age group t tests that test the significant differences between the young parents, involved father and young parents, not involved father groups.

**Table 8. Dosage, Service Length, and Early Termination among Older Parents by Fathers' Involvement in the Program**

	Older Parents, Involved Father (n=742)	Older Parents, Not Involved Father (n=844)	Older Parents, Involved vs. Older Parents, Not Involved
	% or mean	% or mean	
Total Home Visits/Dosage	32.94	22.08	***
Service Length	21.97 months	14.74 months	***
Early Termination	14.56%	29.27%	***

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of within age group t tests that test the significant differences between the older parents/involved father and older parents/not involved father groups.

## Most families in the home visiting program regularly receive required screenings, but the timing of when the screenings occur varies by parent age.

Overall, nearly all families (99 percent) in the home visiting program receive at least one of the three required screenings (depression, intimate partner violence (IPV), or child developmental delays), and three-quarters (76 percent) receive all three screenings. For each of the three screenings, there is no difference between young and older parent families in the likelihood of *ever* receiving the screenings, but there are differences in the *timing* of when families receive depression and developmental screenings— young parents receive their depression screening sooner than older parents, and children with older parents receive their developmental screening sooner than children with young parents (Table 9). The

descriptive findings are consistent with the results from multivariate analyses and show that the longer the family stays in the program, the later the family receives each of the three screenings.

**Table 9. Descriptive Statistics for Young and Older Parents: Time (in Days) to Screenings**

	Young Parents (n=513)		Older Parents (n=1,586)		Young Parents vs. Older Parents
	n	mean	n	mean	
Time to Depression Screening	426	147.40 days	1,327	185.59 days	**
Time to IPV Screening	445	100.69 days	1,389	111.87 days	
Time to Developmental Screening	488	103.22 days	1,536	84.03 days	*

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of across age group t tests that test the significant differences between the young parents and older parents.

## Families with program-involved fathers receive screenings later than families without program-involved fathers.

Descriptive results show that both young and older parent families receive screenings for maternal depression, IPV, and developmental delays later if the father is involved in the program (Tables 10 and 11). In the multivariate models that control for demographic characteristics, cumulative risk, and early termination, the association between father involvement and delays in screenings is significant only among older parents and only for depression and IPV screenings. It is unclear why father participation in the program is related to delayed screenings and warrants further exploration.

**Table 10. Time (in Days) to Screenings among Young Parents by Fathers' Involvement in the Program**

	Young Parents, Involved Father (n=260)	Young Parents, Not Involved Father (n=253)	Young Parents, Involved vs. Young Parents, Not Involved
Time to Depression Screening	176.88 days	116.51 days	**
Time to IPV Screening	125.15 days	74.06 days	**
Time to Developmental Screening	134.04 days	70.85 days	**

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of within age group t tests that test the significant differences between the young parents/involved father and young parents/not involved father groups.

**Table 11. Time (in Days) to Screenings among Older Parents by Fathers' Involvement in the Program**

	Older Parents, Involved Father (n=742)	Older Parents, Not Involved Father (n=844)	Older Parents, Involved vs. Older Parents, Not Involved
Time to Depression Screening	248.23 days	131.16 days	***
Time to IPV Screening	151.37 days	76.31 days	***
Time to Developmental Screening	113.06 days	58.09 days	***

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. P-values are the result of within age group t tests that test the significant differences between the older parents/involved father and older parents/not involved father groups.

## Summary

Young and older parents receive a similar number of home visits and participate in the program for a similar length of time, but a larger proportion of young parents terminate the program prior to one year compared to older parents. In addition, young and older parent families with program-involved fathers stay in the program longer compared to families without program-involved fathers. Somewhat surprisingly, older parents with fathers involved in the program receive their maternal depression and IPV screenings later than older parents without program-involved fathers; a finding that warrants further exploration.

## How do program outcomes vary by parent age?

To explore our third research question, we evaluated the effect of the home visiting program on three key parenting outcomes: parent engagement (days per week reading), parenting stress, and harsh discipline. We developed a quasi-experimental design for the evaluation and used the natural variation in the length of time families had been enrolled in the home visiting program prior to their first assessment as an indicator of their level of treatment. We hypothesized that more time in the home visiting program would be associated with better parenting outcomes. We compared the parenting outcomes of families who had been in the program for various time intervals before completing their first assessment (e.g., 2 to 3 months, 7 to 9 months, 19 or more months) to the outcomes of families who had been enrolled in the program for less than a full month when they were first assessed.

Separate OLS regressions for young and older parents predicted how often parents read to their children and parents' reported level of parenting stress. Separate logistic regressions for young and older parents assessed the likelihood that parents use harsh discipline with their child. The initial models regressed each outcome on the time to assessment intervals, controlling for demographic characteristics and cumulative risk. The OLS and logistic regression models were repeated with the addition of the binary indicator of father involvement.

## Length of time in the home visiting program is associated with positive program outcomes for older parents, but not young parents.

### *Parent Engagement (Reading)*

The descriptive results show no clear pattern between time in the program and the mean number of days young parents reported reading to their children, but there is some indication among older parents that length of time in the program is associated with reading more days per week (Table 12).

**Table 12. Descriptive Results for Reading by Parent Age**

	Young Parents (n=498)	Older Parents (n=1,543)
<b>Time to Assessment</b>		
Within One Month	4.06	3.62
2-3 Months	3.58	4.53
4-6 Months	4.00	4.56
7-12 Months	4.08	4.68
13-18 Months	4.04	4.87
19 or More Months	4.19	4.72

Notes. Values indicate the average days per week parents reported reading to their children.

The findings from the multivariate analyses are consistent with the descriptive findings—among older parents, parents who had been in the program longer than one month prior to their first assessment read to their child almost one day more per week than parents who had been in the program less than month at their first assessment. There is no evidence to suggest that longer program participation is associated with increased levels of reading. And similar to the descriptive results, no clear pattern emerged for young parents in the multivariate models (Table 13).

**Table 13. OLS Coefficients for Reading by Parent Age**

	Young Parents (n=498)	Older Parents (n=1,543)
<b>Time to Assessment</b>		
2-3 Months	-0.66 *	0.71 ***
4-6 Months	-0.04	0.79 ***
7-12 Months	-0.03	0.69 ***
13-18 Months	-0.19	0.94 ***
19 or More Months	0.21	0.52

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. All analyses included family demographic characteristics (race/ethnicity, child and parent age, child gender), early termination, and family cumulative risk. Positive values indicate more days per week the parent reported reading to their children, compared to families who participate in the program for one month or less between their first home visit and their first assessment.

### Parenting Stress

Similar to the descriptive results for reading, the descriptive results for parenting stress show no clear pattern between time in the program and the mean stress level reported by young parents, but there is some indication among older parents that length of time in the program is associated with lower levels of stress (Table 14). And, the findings are consistent with the results from the multivariate models (Table 15). Among older parents, those who were first assessed after one month in the program reported less parenting stress compared to parents who were in the program for less than one month. But, there are no additional benefits to parenting stress associated with longer program participation. No association between time in the program and parenting stress emerged for young parents.

**Table 14. Descriptive Results for Parenting Stress by Parent Age**

	Young Parents (n=509)	Older Parents (n=1,567)
<b>Time to Assessment</b>		
Within One Month	2.31	2.40
2-3 Months	2.29	2.26
4-6 Months	2.31	2.22
7-12 Months	2.14	2.32
13-18 Months	2.10	2.21
19 or More Months	2.11	2.16

Notes. Values indicate the average level of self-reported parenting stress on a scale of one to six.

**Table 15. OLS Coefficients for Parenting Stress by Parent Age**

	Young Parents (n=509)	Older Parents (n=1,567)
<b>Time to Assessment</b>		
2-3 Months	-0.01	-0.16 *
4-6 Months	-0.00	-0.22 **
7-12 Months	-0.17	-0.15
13-18 Months	-0.28	-0.26 **
19 or More Months	-0.25	-0.36 *

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. All analyses included family demographic characteristics (race/ethnicity, child and parent age, child gender), early termination, and cumulative family risk. Negative values indicate lower levels of self-reported parenting stress on a scale of one to six, compared to families who participate in the program for one month or less between their first home visit and their first assessment.

### Harsh Discipline

The findings from the descriptive and multivariate analyses for harsh discipline are similar to the findings for reading and parenting stress—results suggest some evidence that a small amount of time in the program is associated with a lower likelihood of using harsh discipline, but only for older parents (Tables 16 and 17). And, although older parents who were first assessed after one month in the program were less likely to use harsh discipline compared to parents who were in the program for less than one month, there are no additional decreases in the use of harsh discipline associated with longer program participation (Table 17).

**Table 16. Descriptive Results for Harsh Discipline by Parent Age**

	Young Parents (n=500)	Older Parents (n=1,559)
<b>Time to Assessment</b>		
Within One Month	52.63%	60.28%
2-3 Months	42.31%	45.36%
4-6 Months	52.94%	41.57%
7-12 Months	47.13%	46.26%
13-18 Months	43.28%	52.06%
19 or More Months	59.70%	50.23%

Notes. Values indicate the percentage of parents within the group who reported using harsh discipline in the past 30 days.

**Table 17. Odds Ratios for Harsh Discipline by Parent Age**

	Young Parents (n=500)	Older Parents (n=1,559)
<b>Time to Assessment</b>		
2-3 Months	0.61	0.51 ***
4-6 Months	0.83	0.42 ***
7-12 Months	0.63	0.46 ***
13-18 Months	0.56	0.58 *
19 or More Months	0.90	0.61

Notes. \*p<0.05; \*\*p<0.01; \*\*\*p<0.001. All analyses included family demographic characteristics (race/ethnicity, child and parent age, child gender), early termination, and cumulative family risk. A value of less than one indicates a lower likelihood of using harsh discipline, compared to families who participate in the program for one month or less between their first home visit and their first assessment.

### **Father involvement in the home visiting program is not associated with program outcomes for young or older parents.**

After adding an indicator for father involvement in the program into each of the regression models, we found that father involvement is not significantly associated with reading, parenting stress, or use of harsh discipline for either young or older parents.

#### **Summary**

Older parents who receive at least one month of the home visiting program prior to their assessment report more days reading, lower levels of parenting stress, and a lower likelihood of using harsh discipline compared to similar older families who are newly enrolled. However, there is no measurable difference in any outcome for young parents. Furthermore, our analyses show no significant association between father involvement in the program and any of the parenting outcomes for either age group.

### **Conclusion and Implications**

We examined whether young parents who participate in home visiting programs have unique needs compared to older parents, and whether young and older parents participate in and benefit from home visiting programs to the same degree. Our analyses show that although young and older parents participating in home visiting programs are demographically similar and demonstrate a similar level of cumulative risk at program entry, they have different risk factors, suggesting that families enroll in home visiting programs with varying needs depending, in part, on the age of the parent. Young parents are more likely to have needs related to family structure, whereas older parents have more health-related risk factors. Furthermore, despite young and older parents participating for similar amounts of time and receiving the prescribed screenings, results from analyses of three key parenting outcomes indicate home visiting programs may be better at meeting the needs of older parents, compared to younger parents.

Regardless of parental age, we find that families with fathers who participate in the program have lower levels of risk at program entry, and that these families receive more of the program than similar families who do not have a program-involved father. A lack of father participation in the home visiting program should signal to program staff that the family may have more needs to be addressed by the program and that the family is at higher risk of dropping out.

Although father participation in the program is associated with families staying in the program longer, we found no evidence that father participation is associated with parenting outcomes (for either young or older families). Previous work on the various indirect ways fathers participate in home visiting programs suggest that we may be underestimating the association between father participation and parenting outcomes by measuring father participation simply as attendance at a home visit.

These findings can assist policymakers and program providers in recognizing the unique needs of young parents and how young parents experience programs differently from older parents. Policymakers and program providers should use this evidence to align programs for young parents with the risk factors that are most prevalent among this population to better meet their needs. Additionally, although the information on father involvement is somewhat limited, we find that whether fathers participate in the program or not can be an important signal to program providers about the level of need families have and the amount of effort the home visitors may need to spend to keep the family enrolled.

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*The Child and Family Research Partnership (CFRP) is an independent, nonpartisan research group at the LBJ School of Public Affairs at The University of Texas at Austin, specializing in issues related to young children, teens, and their parents. We engage in rigorous research and evaluation work aimed at strengthening families and enhancing public policy.*

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<sup>1</sup> US Census. Table A3. Parents With Coresident Children Under 18, by Living Arrangement, Sex, and Selected Characteristics: 2017

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