

# Full Report: The Engagement of Fathers in Home Visiting Services: Learning from the Dads Matter– HV Study



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## Executive Summary

As home visitation services engage families at the point of birth or even prenatally, they present an especially opportune vehicle from which to engage fathers and promote their positive involvement. Although many home visiting programs across the U.S. are beginning to implement strategies that reach out to fathers, there are no evidence-based strategies to guide home visiting programs to best promote fathers' positive involvement with mothers, children, and families.

The “Dads Matter–HV” (home visiting) service enhancement is an intervention designed to be integrated into standard, home visiting programs. The intervention directs home visitors in how to engage fathers in home visiting services to optimize fathers' positive involvement with young children. Dads Matter–HV is a packaged, user-friendly, home visitor manual, training, and supervision protocol that guides home visitors on how to optimize fathers' roles during the critical first four months of home visiting services, when family and service patterns are most malleable. In this early stage of service, parents' patterns of participation are established and become more difficult to change over time.

This report describes findings from a Randomized Controlled Trial (RCT) of Dads Matter–HV. Initial funding provided by the Oscar G. and Elsa S. Mayer Family Foundation, the Pew Charitable Trusts, and Michael Reese helped in the development and implementation of this research. Funding from the Fatherhood Research and Practice Network (FRPN) supported an investigation of home visitors' attitudes and expectations about working with fathers and the effects of implementing the Dads Matter enhancement on fathers' participation in home visits and the home visitors' relationships with mothers and fathers.

The development and testing of the Dads Matter service enhancement has been conducted entirely under real-world conditions to best ensure the model is feasibly implemented in the field. Findings from this study indicate that home visitors report generally positive attitudes toward engaging fathers, training home visitors in Dads Matter–HV increases dads' participation in home visiting services, and it does not compromise workers' relationships with mothers. Moreover, home visitors trained in Dads Matter–HV describe using more, and more varied, approaches to engaging fathers in services.



## Introduction

Fathers' contributions to child and family well-being and national trends suggesting increases in male caregiving in recent years (Jones & Mosher, 2013) point to the need to identify successful strategies for productively engaging fathers in child and family services. Unfortunately, the engagement of fathers in services continues to be a vexing challenge for child and family organizations (Thoennes et al., 2011). Discrete strategies to increase engagement of fathers in services have been identified in the field, including offering incentives, bringing services to fathers where they are (e.g., at school or home), and eliminating barriers by providing transportation and flexible service hours (e.g., Romo, Bellamy, & Coleman, 2004). Unfortunately, little research has rigorously tested the efficacy of these discrete strategies, and it is likely that no single strategy will be sufficient to meaningfully increase father engagement in services. Furthermore, few efforts have been made to develop or test approaches to father engagement informed by behavioral research or theory.

Another key challenge within child and family services is to engage fathers and mothers in services together. Even though the mother-father relationship is well established as a strong correlate of father-child involvement (e.g., Ryan, Kalil, & Ziol-Guest, 2008; Thullen, Henly, & Hans, 2012; Tach, Mincy, & Edin, 2010) and there is potential to boost outcomes when mothers and fathers are served together (Cowan, Cowan, Pruett, Pruett & Wong, 2009), few programs have demonstrated strong improvements in co-parenting. The engagement in services of mothers and fathers as co-parents is both critical and challenging, as many vulnerable children are born out of wedlock, divorce rates are high, and many parents have children with multiple partners (Bramlett & Blumberg, 2007; Marsiglio & Hinojosa, 2007). Whether parents are married or unmarried and co-habiting or not, children can benefit greatly from the positive involvement of both parents and a strong co-parenting relationship (Cabrera, Scott, Fagan, Steward-Streng, & Chen, 2012).

Perinatal home visiting programs, which focus on services for families with very young children, represent a promising service platform from which to engage fathers and to serve mothers and fathers together because of the delivery of services in the home and elimination of transportation barriers by delivering services to families in their homes. Fathers tend to exhibit their greatest involvement in families when their children are very young (Reichman, Teitler, Garfinkel, & McLanahan, 2001). Engaging fathers in perinatal home visitation services may also improve long-term fathering trajectories. Early home visiting services begin prenatally or shortly after birth, and this early involvement may increase fathers' continued involvement with children over time (Bellamy, Thullen, & Hans, 2015).

This report briefly reviews the research supporting the importance of father engagement and co-parenting for home visiting and describes Dads Matter-HV, a newly developed, father engagement intervention for home visiting. Using data from a recent randomized controlled trial testing the effectiveness of Dads Matter-HV, this report provides information to home visiting programs about the engagement of fathers and mothers in services. The research questions examined in this report include:

1. What are home visitors' attitudes and expectations about working with fathers in home visiting?
2. What is the effect of implementing Dads Matter-HV on fathers' participation in home visits?
3. What is the effect of implementing Dads Matter-HV on home visitors' relationships with fathers and mothers?
4. What is the relationship between mothers' and fathers' beliefs and expectations about fathers' participation in home visiting services and the quality of the relationship of home visitors with mothers and fathers?
5. What strategies do home visitors report using with families to engage fathers following training in Dads Matter-HV?





## Fathers' Contributions to Child Development and Well-Being

Fathers—including young, low-income, and unmarried fathers—can play a central role in the development of their young children, influencing an array of critical outcomes (Danziger & Radin, 1990; Hossain, Field, Pickens, Malphurs, & Del Valle, 1997; Perry, Harmon, & Leeper, 2012; Tamis-LeMonda, Kahana-Kalman, & Yoshikawa, 2009). Fathers who are positively involved in their families contribute to family well-being by contributing economically (Black, Dubowitz, & Starr, 1999; Crockett, Eggebeen, & Hawkins, 1993; Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004), supporting mother-infant attachment quality (Hossain, Field, Gonzales, & Malphurs, 1994), promoting academic achievement (McWayne, Downer, Campos, & Harris, 2013; Roggman, Noyce, Cook, Christiansen, & Jones, 2004), and reducing child risks such as aggression, delinquency, depression, and anxiety (Amato & Gilbreth, 1999). Positive father involvement also appears to be protective when families face risks that may compromise mothers' parenting, such as maternal depression or neglect (Elder, Conger, Foster, & Ardelt, 1992; Field, 1998).

Conversely, children whose fathers engage in negative parenting are more likely to evidence conduct problems, as well as aggressive and disruptive behaviors (DeKlyen, Speltz, & Greenberg, 1998; Stormshak, Bierman, McMahon, & Lengua, 2000). Furthermore, negative relationship behaviors between mothers and fathers—such as interpersonal violence—is linked with aggression, depression, and cognitive delays among children (Shipman, Rossman, & West, 1999; Sousa et al., 2011). The consequences of these risks for children further underscores the critical need for child and family interventions that can successfully engage fathers, assess for strengths and risks, and deliver supportive intervention.

## Fathers' Engagement in Home Visiting

Despite the potential opportunities and benefits of engaging fathers in early home visiting, fathers' participation in home visiting services has been reported as infrequent and inconsistent (Holmberg & Olds, 2015; Thullen et al., 2014). Although fathers, in general, are not well engaged in early home visiting, evidence indicates that fathers can still shape the effectiveness of these services for mothers and their young children. For example, Eckenrode and colleagues' study (2000) of the Nurse-Family Partnership program (Olds, Henderson, Tatelbaum, & Chamberlin, 1986) showed that domestic violence reduced the impact of the intervention. Similarly, mothers who report lower service involvement by their male partners report dropping out of home visitation services sooner (Navaie-Waliser et al., 2000) and participate in fewer visits overall (Stevens-Simon, Nelligan, & Kelly, 2001).

A variety of barriers may play a role in limiting fathers' engagement in home visiting, including the processes and content of home visiting interventions, as well as the attitudes and expectations of home visitors toward fathers. The dominant home visiting models within the U.S. were originally developed with a focus on mothers and babies. The service processes and the procedures of home visiting programs often reflect this orientation and may not be well-aligned with fathers' particular needs or fail to accommodate mothers and fathers together. For example, intake forms may not direct home visitors to collect information from, or even about, fathers. Similarly, the content of home visiting interventions may include activities and information that are strictly mother-focused. Activities and information designed to support mothers' efforts at breastfeeding, for example, may fail to provide parallel information for fathers who wish to support breastfeeding or form their own bonds with their infants. In addition, home visitors may have never been trained to engage men as parents, may not see many of their colleagues working with fathers, and may not be directed or supported by supervisors to engage and work with fathers.

Another potential barrier is that the field is primarily staffed by women and some may hold negative beliefs and expectations about working with fathers. Home visitors may have preconceptions of fathers as largely "absent," relatively unimportant as compared to mothers, or even dangerous to children and mothers. Even home visitors who may wish to engage fathers may feel that they lack the time, skill, knowledge, or comfort level to do so effectively.



Others may worry that if they make efforts to engage fathers, their relationship with mothers may be compromised. Very little research has examined these barriers to father engagement, and even fewer studies have tested the effectiveness of approaches designed to address them.

## Dads Matter-HV

### Development of the Intervention

Dads Matter-HV was designed to address these barriers and increase fathers' engagement in existing home visiting services. Dads Matter-HV is an enhancement intervention designed as an add-on to standard, early home visiting services and to complement rather than supplant the content and practices of existing service models. Although the content of home visiting services has been designed primarily with mothers in mind, much of the content of these interventions (e.g., provision of information about child development, activities to stimulate cognitive development, and create safe environments for young children) can benefit fathers as well. Results from pilot work conducted by the Dads Matter-HV team indicate that fathers and mothers preferred that fathers participate in home visiting with mothers rather than in separate or parallel interventions designed for fathers (Guterman, Bellamy, & Banman, 2018). Therefore, Dads Matter-HV strategies were designed to deliver services in parallel with and, when possible, co-equally with those delivered to the mother. Dads Matter-HV begins upon initiation of home visiting services, in coordination with the first contact with families. This early infusion of Dads Matter-HV content is based on the idea that it is easier to engage men at the earliest stage of services and that this sets the expectation of families from the start that fathers are important to their children's well-being and to services, and that they are therefore encouraged to participate and engage in the intervention co-equally with mothers (Cabrera, Hofferth, & Chae, 2011). When home visitors attempt to engage fathers later in the process, only after mothers have engaged, this communicates to fathers and mothers that fathers are a secondary consideration.

Once the Dads Matter-HV intervention was designed, the research team conducted a quasi-experimental pilot study examining early impact trends on fathers' engagement, and on an array of co-parenting and parenting variables within a sample of 24 families receiving either standard home visiting services or standard services plus Dads Matter-HV. This pilot study reported more positive early outcome trends for those receiving the Dads Matter-HV enhancement when compared with those receiving only standard home visiting services. Outcomes examined included fathers' engagement in services, fathers' involvement with their children, quality of the mother-father relationship, child maltreatment risk, and perceived stress reported by both mothers and fathers (Guterman, Bellamy, & Banman, 2018).

### Intervention Description

Dads Matter-HV was designed to increase fathers' engagement in services and to optimize co-parenting between biological mothers and fathers. The intervention is grounded in family systems theories, co-parenting theories, and stress and social support theories, drawing from prior empirical work on service engagement and stress management for families with young children (Brazelton, 1992; Cowan, Powell, & Cowan, 1998; Fagan, 2008; McKay, Stoewe, McCadam, & Gonzales, 1998). Recognizing that families who receive home visiting services are quite diverse in structure, roles, and quality of existing relationships, the intervention was designed to be flexibly delivered either conjointly or separately with mothers and fathers, as determined during the assessment phase. The intervention is further designed to be flexibly delivered in-person or over the phone, if necessary. The intervention content and exercises are embedded within the content of existing home visits, and the timing and selection of Dads Matter-HV content is adjusted based on family needs and service constraints.



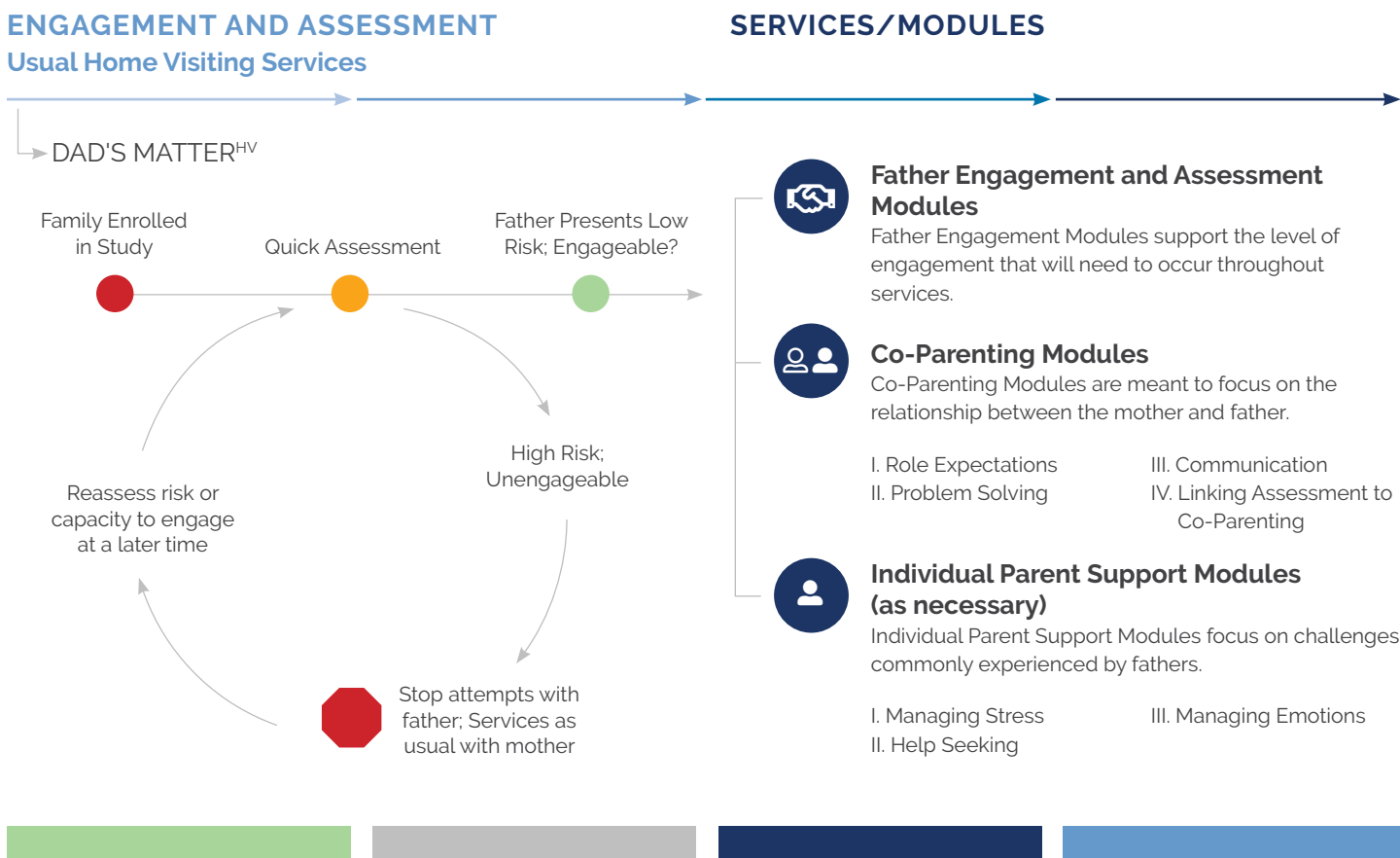
Dads Matter-HV is a manualized intervention delivered by home visitors over approximately four to eight sessions during the initial phase of early home visiting services (Bellamy, Banman, & Guterman, nd). The intervention uses a flexible modular approach and is designed to support mothers and fathers in their co-parenting within the context of their wider family and social networks. Module order, content used, and time spent is not standardized but is dependent on individual family needs, as assessed through several manual assessments. The time using any module content can vary from a few minutes (e.g., contacting fathers directly) to the full length of a home visit (e.g., providing co-parenting content in a home visit with both parents present).

The modules guide home visitors to:

1. engage fathers and assess their roles in ways that can be improved, managed, or enhanced within the family context;
2. work with fathers and mothers to clarify each parent's role and expectations with regard to their co-parenting and support;
3. identify areas of parental conflict or challenge and work with fathers and mothers to jointly and productively address such concerns;
4. improve communication between fathers and mothers to enhance the co-parenting process and teamwork;
5. work with fathers to support them in managing the stresses of fathering; and
6. work with fathers to manage anger and to extend their support and help-seeking skills when needed.

The modules include activities, questions to ask, and conversation starters that are designed to encourage mothers' and fathers' co-parenting. [Figure 1](#) provides an overview of the modules included in the intervention.

**Figure 1. Dads Matter-HV Modules Service Flowchart**



While Dads Matter–HV provides home visitors with discrete engagement strategies, the overarching engagement approach broadly directs them to (1) engage fathers as early as possible in services—at the referral and intake stage of services, if possible, or very soon after; (2) continuously and creatively seek to engage fathers using multiple strategies; (3) employ teams of home visitors to address the processes and content of their home visiting program to better serve fathers; and (4) provide supervision and supports to home visitors in their efforts to engage fathers and mothers together in services. While the first two modules of Dads Matter–HV are specifically focused on engaging fathers, engagement is conceptualized as an ongoing process by which home visitors encourage fathers to thoughtfully participate in the work with families.

The first section of the manual includes engagement–and assessment–focused modules. In the first engagement module, strategies are focused on preparing home visitors to engage fathers. The strategies are not complex, but home visitors are directed to use multiple strategies early and frequently with families. Some examples of strategies include explicitly inviting both mothers and fathers to visits; taking both parents' schedules into consideration; referring to fathers by name; and leaving information, activities, or personal notes to fathers if they do not attend visits. If fathers cannot be engaged during initial services, home visitors are encouraged to continuously consider and attempt new ways to engage them through direct outreach and by working with mothers to prepare for future engagement with the father. In cases where fathers should not be engaged due to risks they present to the family, the worker is advised to provide home visiting services as usual with the mother alone, while continuing to assess the viability of engagement with the father and the risks he might present if engaged.

The second engagement module focuses on home visitors' engagement of fathers early in services. Dads Matter–HV provides the worker with resources and materials focused on engaging fathers in services. Strategies for engaging a father in services include explaining to the father why it is important for him to participate in services, providing the father information about services, inquiring into how the home visitor might help facilitate the father's participation in services, addressing concerns the father may have around services, and identifying and resolving barriers to the father's participation in services.

The second section of Dads Matter–HV contains four modules organized around aspects of co-parenting that improve the father's and mother's ability to work together as a team for their child. The modules are presented in a suggested order, but can be rearranged to suit a particular family's needs. Topics include roles and expectations, problem-solving, communication, and linking assessments to co-parenting.

The third section of Dads Matter–HV focuses on topics specifically designed to support individual parent issues that commonly pose barriers to father's engagement in services. These modules include content on managing stress, help-seeking, and managing emotions.

These three modules are designed to help parents with common personal challenges that might limit fathers' positive parenting and their ability to engage successfully in home visiting, such as managing stress and asking for help. Although the modules were designed to address barriers that may reduce fathers' engagement, they can be used with mothers as well. Modules can be selected to suit the needs of each individual family.

## Home Visitor Competencies and Training

Dads Matter–HV can be delivered by home visiting staff, including paraprofessionals. Clinical training is not required to use the intervention. Training for Dads Matter–HV, as delivered within the current study, includes participation in a one-day, in-person training, followed by booster training sessions for staff, regular supervision meetings/phone calls with supervisors, and electronic reminders and tips for home visitors on how to implement Dads Matter–HV.



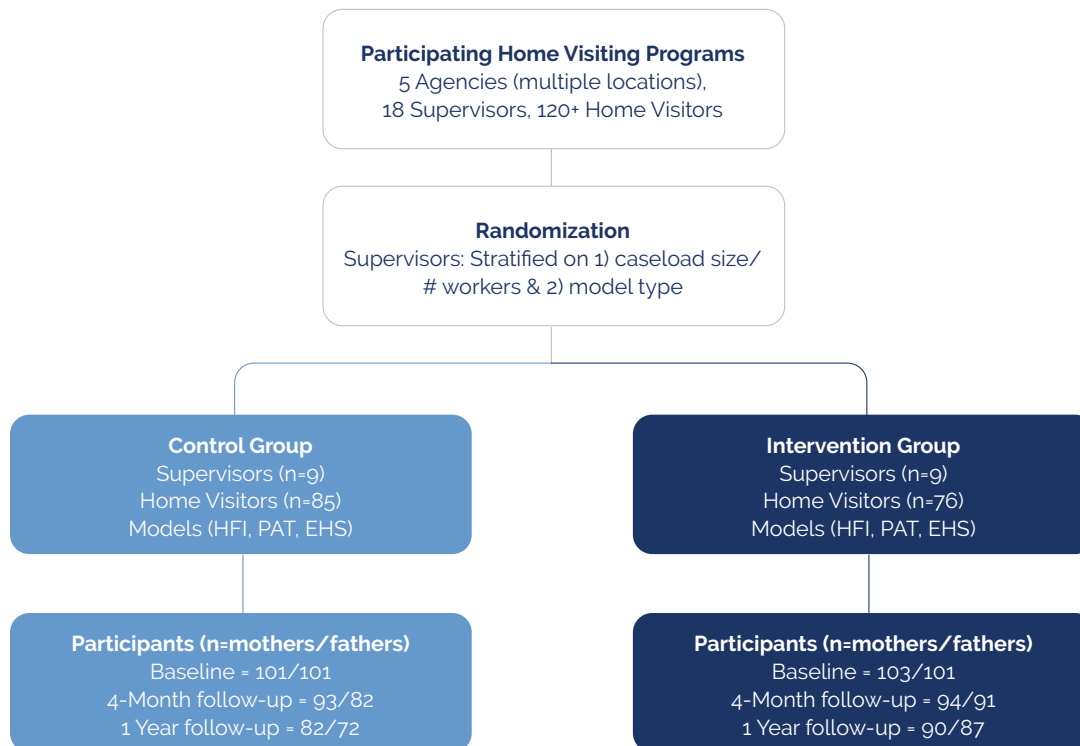


## Methods

### Study Design

The effectiveness of Dads Matter-HV was tested using a cluster randomized controlled trial design in collaboration with five agencies that provide early, home visiting services in the greater Chicago metropolitan area: Metropolitan Family Services, Family Focus, Catholic Charities, SGA Youth and Family Services, and ChildServ. These organizations utilized as their standard home visiting model one or more of three nationally prominent, evidence-informed home visiting models [Healthy Families America (HFA), Parents as Teachers (PAT), and Early Head Start (EHS)], to which Dads Matter-HV was added. Twenty home visiting program teams from the five agencies agreed to participate in the study. The teams each included one supervisor and the home visitors for whom the supervisor had responsibility. Eighteen teams confirmed participation at the beginning of the study. Two teams withdrew from participation due to unforeseen circumstances such as merging of supervision teams and staffing changes. Of the 18 participating teams, 17 teams were able to recruit study participants. [Figure 2](#) presents a study flowchart describing the participation rates in each stage of the study.

**Figure 2. Dads Matter-HV Study Flow Chart**



Each supervisor and the team of home visitors they supervised were randomly assigned together as a group (i.e., cluster) to either deliver their standard home visiting services plus the Dads Matter-HV intervention (i.e., the intervention condition) or to deliver their standard services as usual, without the Dads Matter-HV intervention (i.e., the control group condition). The teams randomly assigned to the Dads Matter-HV intervention condition received ongoing training and supervision from the research team on how to engage and involve fathers in their home visiting services and in their families. For ethical reasons and to avoid contamination during the study, those teams assigned to the control condition (i.e., standard services only, without Dads Matter-HV) were later trained to provide the intervention with families as soon as all data collection was completed at the conclusion of the field phase of the randomized trial.

Data were collected from families at three time points: at baseline (i.e., at the point of intake into services), four months post-baseline, and one-year post-baseline. Overall, 92% of families were retained at four months and 84% of families were retained at one year, meaning that either the mother or the father, or both parents, were interviewed at that follow-up. Study retention rates, by parent and by study group, are reported in [Table 1](#).

**Table 1. Study Retention of Families (n=204)**

Study Group	Retention at 4 months	Retention at 1 year
<b>Intervention Group</b>		
Mother	91%	87%
Father	91%	86%
Both parents	91%	87%
<b>Control Group</b>		
Mother	92%	81%
Father	81%	71%
Both parents	87%	76%

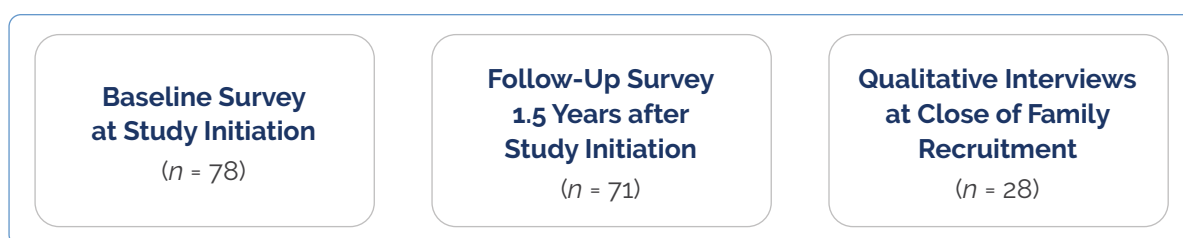
During the randomized controlled trial, data were collected from home visitors about their attitudes and expectations about working with fathers via a survey. These data were collected separately from the randomization and study flowchart represented in [Figure 2](#). Please note that home visitor baseline measurement was collected at the start of the study just prior to the kick-off training for the study, while baseline measurement for parents varied because it was collected when each family initiated services. Similarly, follow-up for home visitors was collected at one point in time, approximately 1.5 years after the study was initiated, while each family had a follow-up at four months and one-year following service initiation. The schedule of data collection from home visitors is presented in [Figure 3](#).

In total, 113 home visitors participated in either the baseline survey or the follow-up survey, or both. Seventy-eight home visitors completed the baseline survey, and 71 home visitors completed the follow-up survey. At baseline, roughly equivalent percentages of intervention (47.8%) and control group (52.2%) home visitors participated in the survey. Similarly, equivalent percentages of home visitors were represented among those who completed both baseline and follow-up (51.3% intervention, 48.7% control). However, more intervention group home visitors participated in baseline only (57.1%) and more control group visitors participated in follow-up only (68.8%).

Unfortunately, due to the high rate of turnover among home visiting staff participating in the study, only 39 (approximately one-third) home visitors participated in both the baseline and the 18-month follow-up surveys, so changes in attitudes and expectations between the baseline and 18-month follow-up should be interpreted with an abundance of caution. Attrition was approximately equivalent across both groups.

Additionally, qualitative data were collected from a subgroup of 28 home visitors about the engagement strategies that they employed with the families in the study after recruitment of families was completed.

**Figure 3. Data Collection from Home Visitors**



## Sample

The study sample included a total of 204 families (i.e., both biological mothers and biological fathers). A total of 204 mothers and 202 fathers completed baseline interviews. The two fathers not interviewed at baseline were interviewed at later follow-ups. A total of 214 home visitors and 20 supervisors (due to turnover) agreed to participate in the study. Of these, 79 home visitors enrolled eligible and consenting families across 17 home visitor groups.

[Table 2](#) describes the characteristics of the baseline sample of participating families. Approximately two-thirds of the parents recruited identified as Hispanic or Latino (67%) and slightly more than a quarter identified as African American (28%). The remaining parents identified as being from other racial and ethnic groups (5%). Overall, 72% ( $n = 147$ ) of the couples in the study were either married or unmarried but living together and 25% ( $n = 51$ ) were romantically involved but not living together. The remaining 3% ( $n = 6$ ) were not living together and were either not romantically involved or identified as “friends only.” The average age of mothers and fathers was approximately 26 and 28 years old, respectively. Overall, 74% ( $n = 151$ ) of children included in the study were born prior to the baseline interview and were on average 14 months old at the time of the baseline interview ( $M = 14.07$ ,  $SD = 10.89$ ). Most families (approximately 90% total) reported receiving public assistance for themselves, within their households, or for their children. Overall, 78% of the fathers were employed, 15% were unemployed, and 7% were in school. About 16% of fathers in the study reported they had at some point been incarcerated. Fathers varied slightly with regard to their reported race/ethnicity at baseline, with a slightly greater proportion of Hispanic or Latino fathers in the control group, and a slightly greater proportion of Black/African American fathers in the intervention group ( $F = 7.1$ ,  $p < .008$ ). No significant differences were found with regard to self-identified ethnicity or race among mothers in the study at baseline ( $F = 2.7$ ,  $p > .10$ ). Other reported demographic and relationship characteristics appeared similar between the two groups, and differences did not reach statistical significance across study conditions.

**Table 2. Demographic Characteristics of Mothers and Fathers at Baseline ( $n = 204$ )**

Characteristic	Mothers		Fathers	
	<i>n</i>	% or Mean (SD)	<i>n</i>	% or Mean (SD)
Race/Ethnicity	204		202	
Hispanic/Latino		67%		68%
African American		28%		26%
Other		5%		5%
Relationship Status of Mother with Father	204			
Married or living together		72%		--
Romantically involved or friends and not living together		25%		
Not romantically involved and not living together or "friends only" and not living together		3%		--
Age of Parent (years)	204	25.66 (7.53)	202	27.9 (8.7)
Age of Child (months)	151	14.07 (10.89)	--	--
Prenatal Case (child not yet born)	53	26%	--	--
Receipt of Public Assistance	204	85%*	202	37%*
Father Employment Status	204			
Employed		--		78%
Unemployed		--		15%
Enrolled in school		--		7%

\*Many noted that the child's mother/father received public assistance or were unemployed and did not specify income.

## Quantitative Measures

**Home visitors' attitudes and expectations.** A self-report measure of home visitors' attitudes and expectations about working with fathers was constructed for this study, as no existing measures were identified at the study's initiation. These data were collected from all home visitors, including the control and experimental group teams, prior to training the intervention group in the Dads Matter–HV intervention. The 16-item scale consisted of four subscales: barriers, priority, values, and knowledge. [Table 3](#) shows the items corresponding to each subscale. Overall, the scale showed strong reliability, with a Cronbach's alpha of .83 for all 16 items. Individual subscales showed varying strengths of reliability, with Cronbach's alphas ranging from .93 on the values subscale to .39 on the barriers subscale. However, upon omitting the last item (i.e., "If I include fathers in home visits, I will be less able to serve mothers."), the alpha increased moderately, although is still weak, at .56. Similarly, the priority subscale had a marginal alpha of .52, but upon omitting a single item (i.e., "Home visiting services are designed for mothers more than fathers."), the alpha increased to .71. Both the values and knowledge subscales showed strong reliability, with Cronbach's alphas of .93 and .72, respectively. After removing the two items that did not correlate well within the barriers and priority subscales, the overall alpha for the remaining 14-item scale was .86. [Table 3](#) presents an overview of the subscales and the reliability data for each, including revised calculations with the removal of the problematic items as indicated by the asterisk (\*).

**Table 3. Subscales and Alphas on Baseline Data for Home Visitor Attitudes and Expectations Scale**

Subscale	Question/Item
Barriers $\alpha = .39$ $\alpha_{\text{revised}} = .52$	I enjoy working with fathers during visits.
	I do not have enough time to work with fathers during visits.
	It is hard to include fathers in home visits.
	Fathers want to participate in home visiting services.
	Mothers want fathers to participate in visits.
	*If I include fathers in home visits, I will be less able to serve mothers.
Knowledge $\alpha = .72$	I have been trained to work with fathers in home visiting.
	I know how to include fathers in home visiting services.
	I feel confident in my knowledge about the level of father involvement in the families I work with.
Priority $\alpha = .52$ $\alpha_{\text{revised}} = .71$	As a home visitor I should work with both fathers and mothers.
	*Home visiting services are designed for mothers more than fathers.
	The home visiting program I use is appropriate for fathers.
	I am encouraged to work with fathers during visits.
Value $\alpha = .93$	Fathers can benefit from home visiting services.
	It is important that fathers participate in home visits.
	Children will benefit if fathers are included in home visiting services.

**Father participation in services.** Home visitors were asked to self-report services they provided to families using a Parent Services Log (PSL). The PSL is a brief, self-report, fidelity check and service tracking tool that was created for Dads Matter–HV (Guterman, Bellamy, & Banman, 2018) during the pilot phase of this study. PSL asks home visitors to track each telephone-based or in-person interaction the home visitor has with a family. Information tracked on the

form includes identification of which family members were included in the interaction and which, if any, of 29 service activities designated in the Dads Matter–HV manual were delivered during their interaction with families. Some examples of these activities include “Assessed fathers’ risks and strengths,” “Provided parent with information about how a father’s positive parenting helps child development,” “Discussed communication styles and challenges in the mother–father parenting relationship,” and “Pointed out to parent how the other parent’s goals for the child are similar to their own.”

The PSL was adapted from measures used in prior randomized trials of home-based services reporting strong interrater reliability and predictive validity (Guterman et al., 2013). Home visitors were instructed to complete a PSL immediately after each service interaction, indicating which services were provided to mothers, to fathers, or to both. PSLs were completed online whenever possible. However, some staff completed paper forms when they lacked computer access. From the PSL, variables can be constructed that indicate attendance or activities. For this paper, variables were constructed that indicated whether fathers attended, whether fathers received specific services, and proportions of total visits in which fathers attended.

**Parent-worker relationships.** Mothers’ and fathers’ perceptions of the quality of the relationship between parents and their home visitor were measured using the Relational Health Index—Mentor Scale (RHI), which has demonstrated good internal consistency and validity (Liang et al., 2002). The RHI was designed to measure growth-fostering qualities of relationships with paraprofessional helper/mentors and focuses on three perceived qualities of such relationships: engagement, authenticity, and empowerment/zest. The RHI was completed by both mothers and fathers only at the four-month post-test interview, after parents had opportunities to engage with their home visitor and after the Dads Matter–HV enhancement intervention had largely been completed. The measure demonstrated good reliability for both parents, with a Cronbach alpha of .89 for mothers and .94 for fathers.

**Parent beliefs and expectations about fathers’ participation home visiting.** Two new scales were created for the study designed to capture parents’ beliefs and expectations about fathers’ participation in home visiting services. Both scales were administered at baseline only. One was designed to capture fathers’ own beliefs and expectations about his participation in home visiting services. The other was designed to capture mothers’ beliefs and expectations about father’s participation in home visiting services. [Table 4](#) describes the items and the reliability data for the measure. The measure similarly demonstrated good reliability with an alpha of .82 for mothers and .83 for the fathers.

**Table 4. Alpha on Baseline Data for Father and Mother Beliefs and Expectations about Home Visiting**

Subscale	Questions: Father (Mother) Wording
$\alpha = .82$ (mothers)	I would enjoy participating in home visits with the mother (father) of my child.
	The home visitor should meet with me and the mother (father) of my child.
	I (Fathers) can benefit from home visiting services.
$\alpha = .83$ (fathers)	It is important that I (the father of my child) be at home visits.
	My child will benefit if I am (he/his father is) at home visits.
	The mother (father) of my child wants me to be at home visits.
	I want (The father of my child wants) to be a part of home visits.

## Quantitative Data Analysis

**Worker surveys.** Home visitor survey data capturing worker attitudes and expectations about working with fathers using the scale described above were analyzed at baseline using descriptive statistics. Bivariate analyses were also conducted to assess whether attitudes and expectations varied by worker demographics.





**Parent Service Logs (PSLs).** PSLs were analyzed to compare the proportion of visits in which home visitors noted they had interacted with fathers and the proportion of visits that manual-specified components were delivered to each parent. Bivariate analyses were used to analyze differences in service delivery by treatment versus control group, and for mothers versus fathers.

**Parent interview data.** Scales and subscales were calculated for all measures and bivariate *t*-tests were conducted to test for differences between treatment and control group with regard to the parent–worker relationship at the follow-up interview. A correlation was also calculated indicating the relationships between mothers' and fathers' beliefs and expectations about fathers' participation in home visiting services, the quality of the relationship of home visitors with mothers and fathers, and demographic factors.

All quantitative analyses were completed using R version 3.5.2.

## Qualitative Methods

**Sample selection.** The 28 home visitors who participated in the qualitative data collection were purposively selected from the home visitors who had at least one family participating in the Dads Matter–HV study assigned to their caseload. Home visitors were selected to ensure data was collected from participants across study group conditions, and to maximize diversity based on agency site (e.g., geographic service area) and organizational size. Potential participants were recruited through email, with subsequent recruiting efforts conducted over the telephone with those who did not respond to email.

**Interviews.** Home visitors were interviewed over the telephone using a semi-structured interview guide. The interview was designed to collect data about how home visitors assessed and engaged families who participated in the randomized controlled trial, as well as the challenges that they observed in serving mothers and fathers, their suggestions for improvements to the intervention and training, and their perceptions of how their participation in the study changed their practice.

Interviews lasted from 25 to 90 minutes, averaging 45 minutes in length. Interviews were audio recorded and transcribed using a professional transcription service. Accuracy of the transcriptions was checked by the study team, and errors were corrected prior to analysis. Master's- and doctoral-level, social work students were trained and supervised by the principal investigator for this study to conduct the interviews and code the data. Data were analyzed using Dedoose version 8 cloud-based software. The results of the analyses were shared with a subgroup of home visitors and supervisors to provide an opportunity for member checking, to validate the team's findings, and to collect additional information from the participants about identified themes. The qualitative data related to home visitors' descriptions of their engagement strategies and challenges in engaging mothers and fathers in home visiting services are described in this report.

## Qualitative Data Analysis

**Research method.** Interpretive description (Thorne, Kirkham, & MacDonald-Emes, 1997; Thorne, Kirkham, & O'Flynn-Magee, 2004) was the qualitative research method used for the study. Interpretive description is a non-categorical methodology (Thorne et al., 1997) that uses inductive analytic approaches to provide an "interpretive account that is generated on the basis of informed questioning, using techniques of reflective, critical examination, and which will ultimately guide and inform disciplinary thought in some manner" (Thorne et al., 2004, p. 3). Similar to grounded theory, interpretive description uses purposeful sampling to explore variation in experiences among participants, interviews to obtain accounts of experiential knowledge of participants, and inductive data analysis to develop an understanding of the experiences (Thorne et al., 2004). However, interpretive description differs from grounded theory



in that it seeks to produce a conceptual description aimed at informing disciplinary knowledge, whereas grounded theory aims to develop theory (Thorne et al., 1997, 2004).

**Coding.** Transcripts of the data were analyzed using a two-cycle approach. Initial coding (Saldaña, 2016) was used in the first cycle of data analysis. During initial coding, researchers searched the text to identify instances of how home visitors described actions of assessing or engaging fathers and mothers. These instances were categorized based on the property and dimension of the described activity. Activity properties were coded based on whom the activity was focused on (i.e., mother, father, both, could not tell), and activity dimensions were coded based on the strategy underlying the described activity (e.g., increase participation, reduce conflict, provide support). Resulting codes took on the general form of activity property-dimension. For example, possible codes might be “worker engaged father to come to first home visit” or “worker assessed mother for relationship with father.”

Focused coding (Saldaña, 2016) was used in the second cycle. Frequent or significant initial codes were grouped into salient categories relating to engagement strategies. For example, the two example codes given above might be grouped into a category of “engaging father in early services” since the worker might have used both actions for one engagement strategy. Ultimately, the second cycle of coding was used to find categories and themes relating to father engagement strategies used by home visitors.

## Results

### Home Visitor Attitudes and Expectations

At baseline, home visitor attitudes were generally positive toward fathers and bivariate analyses did not reveal any statistically significant differences in attitudes and expectations based on home visitor demographic characteristics. [Table 5](#) summarizes the attitudes and expectations of the home visitors. Although home visitors were generally positive about fathers in terms of valuing their participation and prioritizing it, some descriptive patterns emerged from the results. On average home visitors perceived that mothers were more likely to want fathers to participate than fathers wanted to participate themselves. Home visitors were also more likely to agree with the general statement that it was difficult to engage fathers than to acknowledge specific barriers, such as lack of time or difficulty serving both mothers and fathers. Each of the items ranged from 1 to 5, with 1 indicating “Strongly Disagree” and 5 indicating “Strongly Agree.”

**Table 5. Home Visitor Baseline Attitudes and Expectations about Working with Fathers (n = 113)**

Subscale	Mean	SD
<b>Barriers</b>		
I enjoy working with fathers during visits.	4.08	1.01
Mothers want fathers to participate in visits.	3.86	.92
Fathers want to participate in visits.	2.90	1.02
It is hard to include fathers in home visits.	3.23	1.25
I do not have enough time to work with fathers during visits.	2.32	1.25
If I include fathers in home visits, I will be less able to serve mothers.	2.05	1.23
<b>Knowledge</b>		
I know how to include fathers in home visiting services.	3.78	1.02
I feel confident in my knowledge about the level of father involvement in the families I work with.	3.69	.94
I have been trained to work with fathers in home visiting.	3.12	1.23

Priority		
As a home visitor, I should work with both mothers and fathers.	4.35	.97
I am encouraged to work with fathers during visits.	4.04	.97
The home visiting program I use is appropriate for fathers.	3.91	1.94
Home visiting services are designed for mothers more than fathers.	3.60	1.29
Value		
Children will benefit if fathers are included in home visiting services.	4.62	.82
Fathers can benefit from home visiting services.	4.61	.90
It is important that fathers participate in home visits.	4.50	.81

## Father Participation in Services

**Attendance.** Parent Service Log (PSL) data indicates that fathers in the control group attended 20% of home visits. Fathers' attendance in home visits for the intervention group was 33%, by comparison. This difference was statistically significant ( $\chi^2 = 7.3, p < .01$ ). These data are presented in [Table 6](#).

**Table 6. Parent Service Logs: Fathers Attendance in Home Visits (n= PSL = 668)**

	Total PSL	Father Attended	Proportion of Visits attended
Control	287	57	.20
Intervention	371	124	.33

**Delivery of components.** Home visitors in the intervention group reported delivering more intervention content that was reflective of the Dads Matter–HV content as compared to the home visitors in the control group. Father assessment activities were provided in 27% of Dads Matter–HV cases, but only 17% of control group cases ( $\chi^2 = 6.3, p < .05$ ). Father engagement activities were delivered in 39% of Dads Matter–HV intervention group home visits and only 17% of home visits within the control group ( $\chi^2 = 27.1, p < .001$ ). All 29 of the service activities tracked via the PSL showed a larger proportion of activities reflective of the Dads Matter–HV service content delivered to intervention group families as compared to those in the control group.

## Mother Participation in Services

Reports indicated that, overall, mothers received more services than fathers, but services varied across category between intervention and control groups. Home visitors indicated that mothers within the Dads Matter–HV intervention group received slightly more assessment services (58%) than comparison group mothers (50%), but this difference was not statistically significant ( $\chi^2 = 3.1, p > .05$ ). Home visitors also reported that mothers in the control group received more parental role-focused services (69% versus 57%) ( $\chi^2 = 6.6, p < .01$ ). Home visitors reported no other significant differences in the delivery of services to mothers within the Dads Matter–HV intervention group and the control group.

## Parent-Worker Relationships

**Father.** The relational health index (RHI) total score indicated that fathers in the Dads Matter–HV intervention condition reported relatively more positive RHI scores at the four-month follow-up, but these were not statistically significant (Control:  $M = 39.09, SD = 13.27$ ; Intervention:  $M = 42.02, SD = 13.33, t = 1.5, p > .05$ ). At the one-year follow-up, the RHI scores for fathers were highly similar across treatment groups.

**Mother.** The RHI scores for mothers were virtually identical at four-month and one-year follow-ups when looking at the RHI total sum scale (Four-month: Control:  $M = 47.13$ , Intervention:  $M = 47.26$ ,  $t = 0.2$ ,  $p > .05$ ; One-year: Control:  $M = 45.37$ , Intervention:  $M = 46.92$ ,  $t = 1.1$ ,  $p > .05$ ).

### Relationship between Clinical Content, Parent Beliefs and Expectations, Home Visitor–Parent Relationship, and Demographics

The correlations presented in [Table 7](#) describe the associations between mothers' and fathers' beliefs and expectations about fathers' participation in home visiting services, home visitors' relationship with mothers and fathers (RHI), and demographics. Mothers' and fathers' expectations and attitudes about fathers' participation in home visiting services at baseline are statistically significantly correlated, though the association is small. Fathers' positive attitudes and expectations about his participation in home visiting services at baseline are also statistically significantly correlated with the quality of his relationship with the home visitor on all subscales at four-month follow-up. This association is also small, but significant. Mothers' attitudes and expectations about fathers' participation are not related to the quality of his relationship with the home visitor. No other variables, including any demographic variables, were statistically significantly related to the quality of the home visitors' relationship with parents' attitudes toward fathers' participation in home visiting services or the fathers' relationship with the home visitor.

**Table 7: Correlations Between Parent Beliefs and Expectations about Father Participation, Relationship with Home Visitor, and Demographics**

		1	2	3	4	5	6	7	8	9	10	11
1.	RHI Empower	1										
2.	RHI Engage	.81 <sup>d</sup>	1									
3.	RHI Authority	.81 <sup>d</sup>	.75 <sup>d</sup>	1								
4.	HV Attitudes: Positive (Mom)	.05	.07	.10	1							
5.	HV Attitudes Positive (Dad)	.24 <sup>b</sup>	.25 <sup>c</sup>	.22 <sup>b</sup>	.24 <sup>c</sup>	1						
6.	Age (Dad)	.06	-.04	-.01	-.02	-.02	1					
7.	Employed (Dad)	-.07	-.01	-.03	-.03	.10	.15 <sup>a</sup>	1				
8.	Race – Black/African American	.06	.08	.04	.03	.02	-.29 <sup>c</sup>	-.29 <sup>c</sup>	1			
9.	Race – Hispanic/Latino	-.09	-.13	-.07	-.01	-.02	.34 <sup>d</sup>	.44 <sup>d</sup>	-.84 <sup>d</sup>	1		
10.	Married/Living Together	.09	-.01	.03	.02	.06	.42 <sup>d</sup>	.18 <sup>a</sup>	-.39 <sup>d</sup>	.36 <sup>d</sup>	1	
11.	Romantic: Not living together	-.08	.04	-.00	-.03	.03	-.42 <sup>d</sup>	-.14	.36 <sup>d</sup>	-.35 <sup>d</sup>	--	1

a:  $p < .05$  b:  $p < .01$  c:  $p < .001$  d:  $p < .0001$

### Worker Strategies to Engage Fathers

The qualitative interviews with workers indicated that they describe many common barriers to the engagement of fathers in home visiting services. The most commonly described barriers included a lack of time on the part of workers and fathers due to competing demands; feelings of discomfort or uncertainty about how to engage fathers, often because they did not have experience working with men; and relationship problems between mothers and fathers that made working with both parents difficult. The qualitative data indicate that home visitors trained in Dads Matter–HV employ a larger variety of engagement strategies to serve fathers, compared to those workers who were not trained in the intervention. In addition, some strategies reported by workers were not specifically prescribed in the Dads Matter–HV manual or training. Workers described innovative engagement strategies including making eye contact, using technology, "being there," being consistent, and building trust, as well as using other activities like holiday parties or family events, and using incentives. [Table 5](#) summarizes these strategies by study group.

**Table 8 Father Engagement Strategies by Study Group (n=28)**

Intervention Group Strategies	Control Group Strategies
• Talk to him	• Give incentives
• Make eye contact	• Leave him information
• Leave things for him	• Tell him he's needed/important
• Communicate through mother	• Communicate through mother
• Specifically/explicitly invite him	
• Tell him he's needed/important	
• Make referrals (jobs etc.)	
• Use hands-on activities	
• Use technology	
• Be there/consistent/building trust	
• Give him information	
• Provide opportunities to interact with other fathers	
• Explain benefits of his involvement	
• Use "other" activities: holiday parties, family events, etc.	
• Respect/acknowledge his expertise	
• Consider schedules	

## Discussion

This report provides an overview of findings from the Dads Matter-HV study, which focused on five research questions:

1. What are home visitors' attitudes and expectations about working with fathers in home visiting?
2. What is the effect of implementing Dads Matter-HV on fathers' participation in home visits?
3. What is the effect of implementing Dads Matter-HV on worker relationships with fathers and mothers?
4. What is the relationship between mothers' and fathers' beliefs and expectations about fathers' participation in home visiting services and the quality of the relationship of home visitors with mothers and fathers?
5. What strategies do home visitors report using with families to engage fathers following training in Dads Matter-HV?

### Home Visitor Attitudes and Expectations

Prior literature suggests that child and family service providers, such as home visitors, may have negative attitudes toward fathers and that this is an important barrier to father engagement. Data from the Dads Matter-HV study suggest that home visitors have largely positive attitudes and expectations about fathers' participation in home services, particularly in terms of home visitors' sense of the importance or value of fathers' engagement in service. From home visitors' perspectives, what they lack are skills and training in father engagement, as well as a service model or program that is a good fit for fathers. Taken together, these data may suggest that home visitors are positively inclined to work with fathers but lack the training, support, or other structural opportunities to do so successfully. As such, the most fruitful target for intervention efforts designed to increase father engagement in home visiting may be more practical training in how to engage and more explicitly target fathers. Other practical training is needed on other supports, such as father-focused adaptations of organizations, programs, and services in general. It is also possible that social desirability inflates home visitors' descriptions of their positive attitudes toward fathers.





Participants in this study were aware that the study was focused on fathers, and therefore may have been less comfortable about revealing negative attitudes and expectations.

This interpretation is supported by anecdotal data from trainings and other interactions members had with home visitors over the course of the study that seem to suggest less interest or perceived value in serving fathers than might be suggested by the survey data presented in this report. For example, during the initial training workers expressed concerns about engaging fathers. The training includes small-group discussions and activities that ask home visitors to reflect on their own experiences. During the training, some workers stated that they felt the dads in their families were just not interested or engaged in their families, and others brought too many risks, such as violence or substance use, and therefore should not be included in services. Others worried that the mother or father might perceive the worker's efforts to include the father as making a romantic or inappropriate gesture, particularly if fathers were engaged in separate visits or phone calls—a strategy included in the Dads Matter–HV when parents are unwilling or unable to meet together. Although these concerns were voiced by some visitors in the trainings, it is difficult to assess how common these perceptions were in the larger group. Furthermore, the skepticism that seemed more commonly expressed in the initial trainings was less apparent in the data collected from home visitors at the end of the study. Workers were more likely to describe barriers like limited time (both on the part of fathers and home visitors) and fathers' lack of willingness to participate. This may be because home visitors became more positive toward the idea of including fathers in services, or because the small-group activities or discussions in the training raised these concerns to the front of their minds, as they were designed to be reflective in nature.

### **Fathers' Participation in Home Visits**

Training in Dads Matter–HV increased fathers' participation in visits from 20% to 33%, on average. Although modest, such improvement was statistically significant and some aspects of participation were evidenced by even greater improvements, including increases in assessment and engagement activities. Because the intervention was short-term in nature (designed to be delivered only in the first four months of services), it is possible that there was not enough time to demonstrate more robust improvements in participation. The assessment and engagement modules are the initial modules of the intervention, which may in part explain why increases in the use of these specific modules over the course of the study were larger relative to overall use of other intervention modules that appear later in the manual. It is possible that there could have been contamination between the experimental and control groups, as some of the teams were part of the same organization. However, contamination seems unlikely, as each team had different clients and geographic service areas, the randomization was done at the team level, and teams did not hold supervision or other meetings together. Participants were also instructed not to share intervention materials.

### **Parent–Worker Relationships**

In regard to parent-worker relationships, findings suggest that there was little, if any, variance in the quality of the relationship between fathers and home visitors based on study group. Despite the small, favorable trend toward improved father-worker relationships for the intervention group, the improved father-worker relationship does not appear to be a major driver of increases in fathers' participation in services. Interestingly, despite concerns expressed by some home visitors during training that working with fathers could compromise their working relationship with mothers, the mother-worker relationship did not differ by study group. This study has demonstrated that working with fathers does not appear to negatively impact the worker-mother relationship, a fear expressed by some workers during training.



## **Dads Matter-HV, Parents' Beliefs and Expectation, and Home Visitors' Relationship with Mothers and Fathers**

Mothers' and fathers' expectations and attitudes about fathers' participation in home visiting services are related, though the association is small. Although mothers and fathers may share some expectations and attitudes in common, it is only fathers' attitudes and expectations that relate to the quality of his relationship with the home visitor. During training in Dads Matter-HV, some workers expressed the belief that mothers did not want fathers to participate in services, and this negative attitude got in the way of their ability to work with fathers. These findings suggest that mothers' attitudes and expectations do not relate to home visitors' relationships with fathers. Because fathers' attitudes and expectations are statistically significantly correlated with the quality of his relationship with the home visitor, this suggests that targeting fathers' attitudes and expectations early on may boost home visitors' ability to successfully work with fathers. The lack of an association between any of the demographic variables and fathers' and mothers' expectations and attitudes about fathers' participation in home visiting services suggests that these relationships do not vary by factors such as culture or socioeconomic status. This interpretation should be made with caution given the sample limitations.

### **Worker Strategies to Engage Fathers**

The qualitative data presented in this study illustrates the increased variety of father engagement strategies employed by home visitors who were trained in Dads Matter-HV. Home visitors articulated using many of the engagement strategies reflected in the manual and intervention training, suggesting that the intervention content did, indeed, change workers' array of father engagement strategies in ways that were targeted by Dads Matter-HV.

Another important finding from the qualitative data was that home visitors developed innovative strategies to engage fathers whose characteristics were not explicitly described in the Dads Matter-HV manual. These findings suggest that training in Dads Matter-HV increases the diverse array and number of father engagement strategies and techniques available and that this expansion might be an important mechanism for increasing fathers' participation in home visiting services. It may be that both identified engagement strategies and creativity on the part of home visitors are needed to improve father engagement in home visiting services.

Indeed, the home visitors were an important source of feedback at the conclusion of the study that led to a number of improvements to the intervention manual. One of the major changes that they requested was that they did not feel comfortable using the anger management module. Some found it intimidating to talk about anger with parents in general and with fathers in particular. Others felt that the content required them to act more like therapists than home visitors. Based on this feedback, this module was adjusted to address emotions more generally. Although the workers were overall quite positive about the manual, they felt that they needed more guidance on how to carry out some of the content, particularly more challenging elements such as navigating complex relationship issues. To address this feedback, the manual was improved through the addition of more activities, materials, and examples.

### **Limitations**

As with any study, this one includes some important limitations. First, staff turnover may have affected the reliability of the study. Of the 17 teams that actively participated in the study, 59% experienced changes at the supervisor level during the study. High worker turnover was reported by 41% of these teams, where over 50% of original team members were replaced within a short period of time. This was similar across both the intervention and control groups. Turnover presents a number of challenges to the intervention, and to the study. New workers must be trained and the experience of the former worker in working with fathers and families is lost. Furthermore, it made the assessment of changes in attitudes and expectations of home visitors from baseline over the course of the study impossible to confidently assess. Second, while fathers' attendance did increase in the intervention group, the quality



of the father's participation in the visit was not measured. Although intervention content was delivered to fathers as indicated by fidelity (PSL) data, the depth of fathers' and mothers' engagement with intervention content was not captured. It is difficult to determine how successful home visitors were in delivering this content to families. Similarly, fidelity data were self-reported by home visitors. The gold standard approach to fidelity measurement is observations and assessments carried out by independent raters. Although observation is more rigorous, it is also more expensive and challenging given that clients must also agree to the audio or visual recording of visits and the potential reluctance of both home visitors and families to be recorded. Another limitation of this study to note is the limited external validity. Although the study was carried out in partnership with agencies delivering three different home visiting models, other models may or may not pair as well with the Dads Matter-HV intervention. Similarly, although geographical location of the study is diverse, it is only one specific metropolitan area and most participants identified as either Hispanic or Latino. The intervention needs to be further tested in other regions, rural areas, and with other racial and ethnic groups moving forward to examine whether it is consistently effective. Finally, this study included the development of a new scale designed to measure home visitors' attitudes and expectations about working with fathers. While the overall scale evidenced good reliability, the barriers subscale was weak with an alpha of .56. Future studies might seek to improve the measure.

## Conclusion

The present study was designed to explore home visitors' attitudes and expectations about working with fathers during home visiting and to determine the effectiveness of the Dads Matter-HV intervention on fathers' participation in home visiting services, workers' relationships with fathers and mothers, and home visitors' strategies for engaging fathers. The study includes many improvements over prior research aimed at identifying strategies to engage fathers in child and family services including the use of the randomized controlled trial design; a strong retention rate; the collection of data from mothers, fathers, and workers; and mixed methods. The present study makes several noteworthy contributions to research on father engagement in that may have utility in home visiting, as well as across other child and family services. Future work using data from the overall study will incorporate additional father, mother, child, and organizational-level data to examine the effectiveness of the intervention on key outcomes, including effects on the parent-child relationship, the co-parenting relationship, abuse and neglect risk, and child development.

The findings suggest that fathers' participation in home visiting can be improved with an enhancement to existing services, rather than a wholly separate model designed only for fathers and that fathers and mothers can participate in services together. Offering an enhancement to the existing large array of evidence-supporting home visiting services, rather than developing a completely new model for the home visiting field, is a much more efficient and cost-effective approach to improving fathers' engagement in these services. This service enhancement approach may be a promising strategy to increasing fathers' engagement in other types of child and family interventions as well.

This study has also raised many questions that might be targeted in future research. The study team has used the data collected from this study to further develop the Dads Matter-HV intervention, including the increase of the delivery of the intervention content from four months to six months, the revision of the manual content to include more activities and worksheets, and the improvement of the module on managing emotions. The intervention also needs to be replicated with a study team that is not inclusive of the intervention developers and targets different communities and home visiting models. A future study investigating the ordering and dosage of Dads Matter-HV modules would also increase understanding of which elements of the intervention are most effective at producing outcomes of interest. In addition, it would also be helpful to tease apart this question of whether workers do have generally positive attitudes toward working with fathers, and if they do not, making improvements to the measurement of home visitors' attitudes and expectations so that it can more accurately assess more negative attitudes and expectations.



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