



Fatherhood  
Research  
& Practice  
Network

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## **Findings from FRPN-Funded Projects I: Home Visiting, Child Welfare Cases and a Meta-Analysis**

## Who is FRPN?



**Jay Fagan, Ph.D.**  
**Temple University**  
**FRPN Co-Director**



**Jessica Pearson, Ph.D.**  
**Center for Policy Research**  
**FRPN Co-Director**

## What is FRPN?

- Six-year, \$4.8 million cooperative agreement to Temple U & CPR
- Funding by U.S. DHHS, ACF, Office of Planning, Research and Evaluation, 2013-2019
- Targets fatherhood researchers & programs serving low-income fathers



# Fatherhood Research And Practice Network

#1

Promote  
Rigorous  
Evaluation

#2

Build  
Evaluation  
Capacity

#3

Disseminate  
Information



# Featured Studies

## **Engaging Fathers in Home visiting: Lessons from a Randomized Controlled Trial**

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Practitioner Reaction: Audra Stolz Masterton  
Social Worker IV, Home Visitor, Arts of Living Institute  
Catholic Charities of the Archdiocese of Chicago



## Featured Studies

### **Understanding the Needs of Fathers with Children in Kinship Care: Father, Practitioner, and Caregiver Perspectives**



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Practitioner Reaction: Maurice Webb  
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# Featured Studies

## **Caring for their Children: Meta-analysis of Father Education Programs for Nonresident, Unmarried and Low-Income Fathers**



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# Engaging Fathers in Home Visiting: Lessons from a Randomized Controlled Trial

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# Overview of Dads Matter - HV

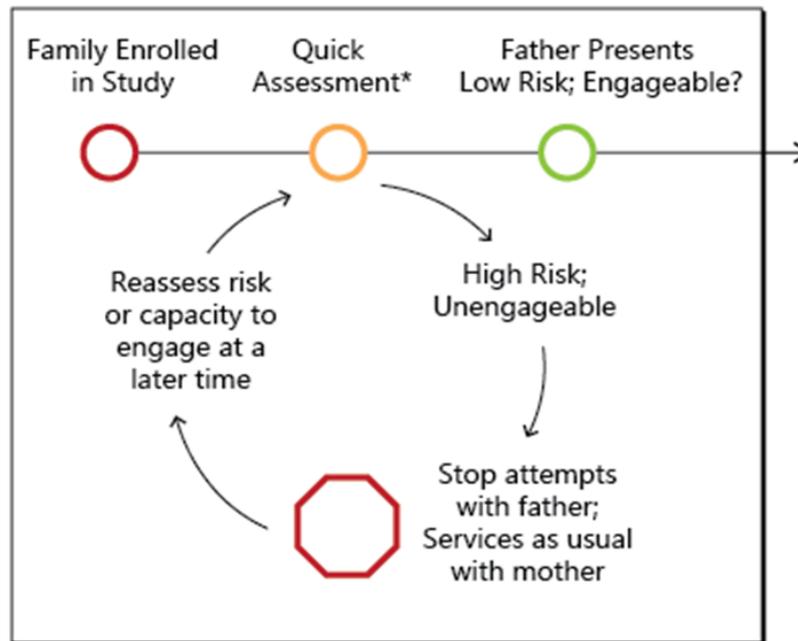
- Flexibly delivered “modular” enhancement to existing home visiting services
  - First
- Service Goals:
  - Assess father’s role in the family
  - Engage fathers
  - Support the co-parenting team
  - Provide direct support to fathers
- Small Pilot study (Guterman, Bellamy & Banman, 2018)
  - Promising outcomes: reducing maltreatment risk, improving mother-father relationship, improving fathering



# Overview of Dads Matter - HV

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## ENGAGEMENT AND ASSESSMENT



## SERVICES/MODULES



### Father Engagement Modules

Father Engagement Modules support the level of engagement that will need to occur throughout services.



### Co-Parenting Modules

Co-Parenting Modules are meant to focus on the relationship between the mother and father.

- I. Role Expectations
- II. Problem Solving
- III. Communication
- IV. Linking Assessment to Co-parenting



### Individual Parent Support Modules (as necessary)

Individual Parent Support Modules focus on challenges commonly experienced by fathers.

- I. Managing Stress
- II. Help Seeking
- III. Managing Emotions



# Engagement Principles

- Set the expectation “from the start” that the service is focused on the family, including fathers and mothers
- If fathers are not immediately engageable due to risk concerns, absence, etc. – reassess the family periodically
- Use multiple engagement techniques:
  - Technology
  - Leave something
  - Work with mom
  - Re-shape activities to include both parents
  - Ask about fathers’ needs (and have resources in place)
- Keep trying
- Get creative

## Overview of Dads Matter-HV RCT Study

- Multi-site clustered randomized control trial
- 17 home visiting teams across 5 Chicago area organizations
- 3 Data collection points: baseline, 4-month follow-up, 1-year follow-up
- n=204 families recruited
- Eligibility
  - Biological father “engageable”
  - Mother and father at least 15 years old
  - New home visitation service initiation
  - Fluent in English or Spanish
  - No prior child welfare involvement
  - Child age: prenatal to 2.5 years

# Participants

	Control		Intervention	
	Mothers	Fathers	Mothers	Fathers
<b>Race/Ethnicity</b>				
Hispanic/Latino	78 (77%)	76 (75%)	59 (58%)	63 (61%)
Black/African American	18 (18%)	21 (21%)	35 (35%)	32 (31%)
Other (White, Asian, other)	5 (5%)	5 (5%)	7 (7%)	8 (8%)
<b>Parent Relationship</b>				
Married & Living Together	28 (28%)		30 (29%)	
Romantic & Living Together	50 (50%)		39 (38%)	
Romantic, Not Living Together	20 (20%)		30 (29%)	
No longer involved	3 (3%)		4 (4%)	
<b>Father Employment</b>				
Full Time (employ or student)	74 (73%)		69 (67%)	
Part Time	16 (16%)		15 (15%)	
Unemployed/In-Home	7 (7%)		14 (14%)	
<b>Father Age (years – m/sd)</b>	28.9 (9.3)		27.6 (8.2)	

# Participation and Retention

Retention	Retention at 4 months	Retention at 1 year
<b>Intervention</b>		
MOB	91%	88%
FOB	88%	85%
Two-parent	85%	80%
<b>Control</b>		
MOB	92%	82%
FOB	81%	72%
Two-parent	80%	65%

Four-Month Follow-Up Retention Rate for Families: 91% (Intervention), 85% Control

One-Year Follow-Up Retention Rate for Families: 88% (Intervention), 82% Control



## Study Results: Father Participation in Home Visits

- Participation in visits (Chi-sq = 7.5,  $p < .01$ )
  - Fathers in the comparison group attended 17% of home visits
  - Fathers in the intervention group attended 37% of home visits
- Father assessment activities (Chi-sq = 3.9,  $p < .05$ )
  - Comparison group: 23% of visits
  - Intervention group: 38% of visits
- Father engagement activities (Chi-sq = 18.9,  $p < .001$ )
  - Comparison group: 21% of visits
  - Intervention group: 60% of visits



## Study Results: Parent Relationship with Home Visitor

- Mother relationship with home visitor not changed across condition ( $p > .1$ )
- Father relationship with home visitor more favorable in intervention group ( $p < .10$ ,  $d = .29$ )
- No correlation between mother and father reports ( $r = .12$ )

# Engagement Lessons



1. Buy-In is Important at Every Level
  - Uneven buy-in from administrators, supervisors, and home visitors
  - Supervisors set the tone
2. Each organization is unique
  - Personalized trouble-shooting
  - Making Dads Matter part of the routine, whatever that routine is (supervision, meetings and reports, intake and assessment, scheduling).



## Engagement Lessons

3. Organizational upheaval slows, thwarts, and bedevils
  - Teams don't have the energy, time, or consistency to maintain the new practices
  - Dads are one of the first things to get "back-burnered"
4. Practice and Re-training is Key
  - Role plays
  - Case examples
  - Peer-to-peer learning

# Engagement Lessons

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5. Some challenges with staff and changing culture are more easily overcome
- Overall, most staff are positively inclined to including fathers
  - Discomfort and uncertainty can be lessened through practice, sharing of ideas etc.
  - Some staff, seemingly, will not re-orient their services to a family/father inclusive focus



# Acknowledgements

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  - Fatherhood Research and Practice Network



Understanding the Needs and  
Experiences of Fathers with Children  
in Kinship Care

Qiana R. Cryer-Coupet, PhD, MSW  
North Carolina State University

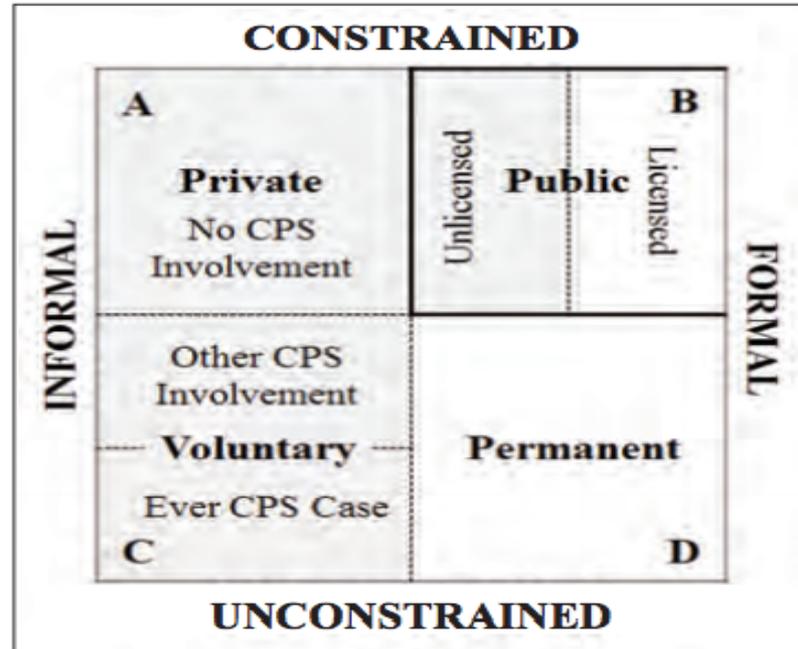
# What Do We Know about Kinship Care?

- Relatives are raising a growing number of children with neither parent present in the household.<sup>1,2</sup>
- Of the 2.8 million children in the U.S. living in households with neither of their parents present, 80% are cared for by relatives<sup>3</sup>
  - Approximately 1.6 million are raised by grandparents
  - Approximately 680,000 by other relatives (i.e. aunts, uncles, adult siblings)
- The familial arrangement characterized by relatives assuming primary responsibility for a child has been coined *kinship care*.<sup>4</sup>



## What Do We Know about Kinship Care?

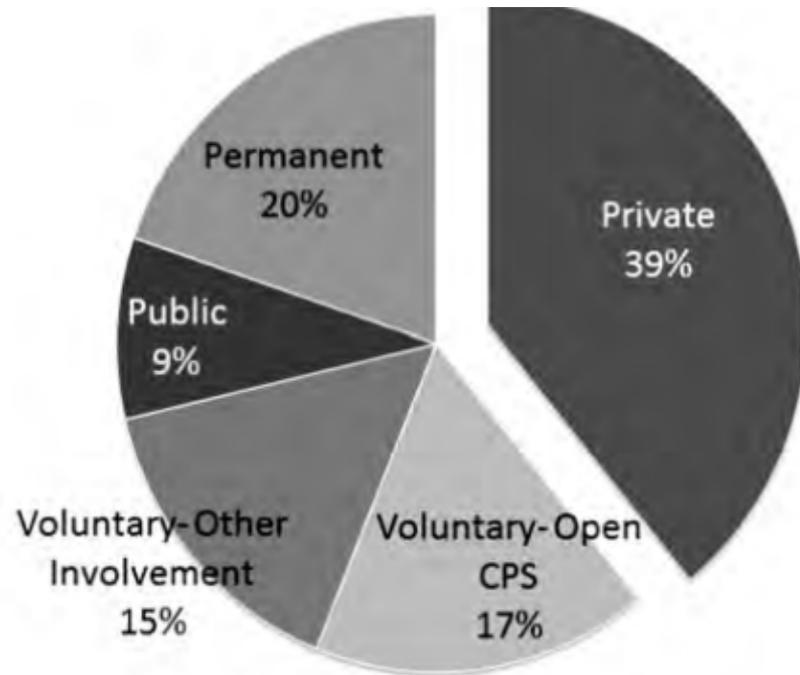
- Researchers typically discuss two types of kinship care
  - Formal
  - Informal



Testa, M. F. (2017). Introduction: Kinship Care Policy and Practice:(First Issue). Child Welfare, 95(3), 13-39.

# What Do We Know about Kinship Care?

- According to estimates from the 2013 National Survey of Children in Nonparental Care, approximately 2.2 million children in the U.S. live in kinship care arrangements.



Source: Testa, M. F. (2017). Introduction: Kinship Care Policy and Practice:(First Issue). *Child Welfare*, 95(3), 13-39.

# What Do We Know about Kinship Care?

- Children enter kinship care arrangements for a variety of reasons <sup>5</sup>, including:
  - Parental incarceration
  - Parental substance abuse
  - Housing instability
  - Child abuse and neglect
  - Death of one or both parents



## What Do We Know about Kinship Care?

Characteristic	Informal (Nonpublic) Kinship Care				
	Public Kinship Care	All Nonpublic Kinship Care	Voluntary kinship care, ever an Open CPS case	Voluntary kinship care, no open case, but other CPS involvement	Private Kinship Care, No CPS involvement
<b>Adverse Family Experiences</b>	<i>Percent (standard error)</i>				
Ever lived with a parent who got divorced or separated	43.0 (10.16)	47.7 (3.98)	53.2 (8.33)	45.5 (6.81)	46.1 (5.59)
Ever lived with a parent who died	11.7 (4.15)	18.3 (2.57)	19.6 (5.89)	18.3 (4.79)	17.8 (3.41)
Ever lived with a parent who was incarcerated	49.6 (10.58)	37.8 (3.77)	62.9 (7.06)†	32.9 (6.22)†	28.9 (5.35)†
Ever lived with anyone who was mentally ill	24.2 (7.42)	25.4 (3.55)	43.8 (7.80)†	24.3 (5.33)†	17.9 (5.04)†
Ever lived with anyone who had drug/alcohol problems	50.0 (10.56)	47.2 (4.03)	70.2 (9.25)†	42.9 (6.63)†	38.9 (5.47)†
Ever witnessed violence in home	25.1 (7.25)	31.3 (3.79)	54.4 (8.27)†	20.8 (5.00)†	25.4 (5.23)†
Ever the victim of violence or witnessed violence in neighborhood	20.6 (6.87)	23.2 (3.02)	39.2 (7.69)†	24.5 (6.94)†	15.7 (3.23)†

*Source:* National Survey of Children's Health 2011-2012 & National Survey of Children in Nonparental Care 2013; †Linear trend by level of CPS involvement is significant at the 0.05 level.

## What Do We Know about Birth Parent Involvement?



- Although parents of children in kinship care are unable or unwilling to provide primary care for their children, some are still active in their children's lives.<sup>6,7</sup>
- Levels of birth parent involvement in kinship care may differ by type of arrangement:
  - Formal vs. Informal arrangements
  - Paternal vs. Maternal kinship caregivers
  - Potential threats to safety of child and/or caregiver
  - Parental Incarceration

# What Do We Know about Fathers of Children in Kinship Care?

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- Recent research focused on paternal involvement in informal kinship care has found that father involvement has a significant impact on children's social and academic outcomes.<sup>8</sup>
- Findings from analyses of data from the Fragile Families and Child Well-Being Study suggest that fathers of children in kinship care are *younger, poorer, less likely to be employed and more likely to have had a non-marital birth, and to report more negative mental and physical health statuses* than fathers of children who live with their biological mothers.<sup>9</sup>
- Given these findings, it is imperative to consider the ways in which fathers' characteristics and capabilities impact family dynamics in the context of kinship care.



# Research Questions

- What characterizes the experiences of fathers with children in formal and informal kinship care?
  - What are the chief challenges they face in their efforts to be engaged fathers?
  - What types of supports are helpful for these fathers?
  - What types of support do they want/need to improve their parenting?



# Research Questions

- How do service providers characterize fathers with children in kinship care?
  - What techniques do they use to engage these fathers?
  - How do their needs compare to nonresident fathers whose children live with a custodial parent?
  - What adaptations, if any, do they make to regular programming?



# Sample

- 25 fathers with children living in formal and informal kinship care arrangements.
  - Recruited from local barbershops, human service agencies and targeted social media ads in North Carolina
  - Completed one hour, in-depth, semi-structured qualitative interviews
- 17 human service providers
  - Recruited at the North Carolina Fatherhood Conference, via the North Carolina Fatherhood Development Advisory Council Listserv and targeted social media ads in North Carolina
  - Completed 30 minute, in-depth, semi-structured qualitative interviews.
- Interviews with kinship caregivers are currently underway.



# Preliminary Findings

- What characterizes the experiences of fathers with children in formal and informal kinship care?
  - Lack of clarity regarding role and legal standing
  - Deference to kinship caregiver and/or child welfare worker
  - Desire to improve personal characteristics before fully engaging with children (i.e. housing stability, substance abuse treatment, meeting probation/parole obligations, finding employment)
  - Limited guidance on coparenting with relative caregivers
  - Uncertainty surrounding capability to assume primary caregiver status in the future.
- How do service providers characterize fathers with children in kinship care?
  - Overall, fathers are engaged as nonresident fathers not as fathers of children in kinship care
  - Lack resources to provide differential services
  - Desire for additional training on working with fathers and kinship caregivers.



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- Faculty in the Department of Social Work at North Carolina State University
- Members of the North Carolina Fatherhood Development Advisory Council
- FRPN Staff

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# **Caring For Their Children: A Meta-analysis of Father Education Programs for Nonresident, Unmarried and Low-Income Fathers**

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Alan J. Hawkins  
Braquel R. Egginton  
Nathan L. Robbins  
Kevin Shafer



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## Background

- Importance of positive father involvement
- Barriers to positive father involvement
  - 12 million non-resident fathers in U.S.
  - Low-income couples are more likely to experience unstable partnerships, single parenthood and multi-partner fertility
- Can government policy help?

# Can Government Policy Help?

- ACF Federal Responsible Fatherhood Initiative:
  - \$700 million supporting RF education in 3 broad categories:
    - Economic Support
    - Involvement/Parenting
    - Co-parenting
- Limited research evaluating effectiveness of RFI, more research on parallel ACF Healthy Marriage Initiative



# Do Responsible Fatherhood Programs Work?

- Comprehensive meta-analysis of the current evidence for non-resident, unmarried, low-income dads
- Outcomes assessed:
  - Co-parenting
  - Child support
  - Employment
  - Father involvement
  - Parenting
- Funded through ACF Office of Planning, Research, and Evaluation (through the Fatherhood Research and Practice Network, grant #90PR0006)



# Search Process

Excluded:

- Incarcerated fathers (warrants separate analysis)
- Divorced fathers (recent meta-analysis)
- Clinical interventions
- Qualitative evaluations (no effect size data)
- Parenting programs where we could not distinguish between father and mother outcomes



## Search Process

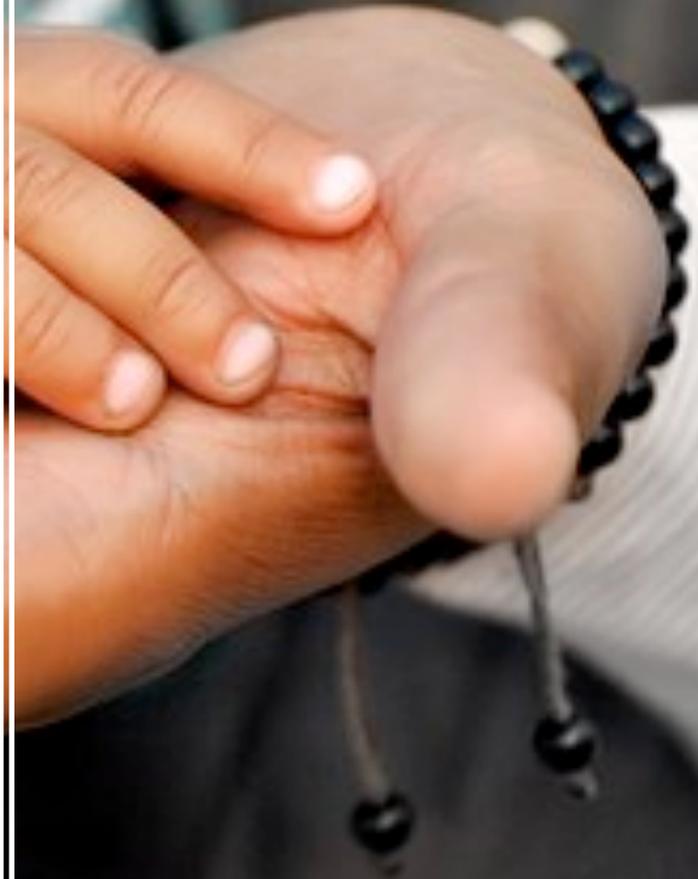
### Included:

- Low-income, unmarried, nonresident or cohabiting fathers (allowed studies with small % of married if low-income)
- Experimental, quasi-experimental, and 1-group/pre-post
- Published articles, public reports, dissertations/theses (all peer reviewed)
- All reports with sufficient data to compute standardized effect size
- Outcomes: co-parenting; child support; father employment; father involvement; parenting
- 34 studies (24 control/treatment; 10 1-group pre-post)

# Results:

## Control Group Studies

- **Overall Program Impact**
  - 24 studies,  $d = .10$ ,  $p = .01$
- **Co-parenting**
  - 14 studies,  $d = .15$ ,  $p = .03$
- **Child Support**
  - 8 studies,  $d = .05$ ,  $p = .13$
- **Employment**
  - 6 studies,  $d = .03$ ,  $p = .10$
- **Father Involvement**
  - 15 studies,  $d = .11$ ,  $p = .04$
- **Parenting**
  - 19 studies,  $d = .11$ ,  $p = .01$



## Discussion of Findings

Overall significant small effect; appears to be driven by effects on co-parenting, father involvement, and parenting

There is room for improvement . . .

- Insufficient work on fathers' employment
- No studies with child outcomes
- Father-only reporting
- Better reporting of data to calculate effect size
  - Whenever possible, evaluations should report means and standard deviations along with group Ns, even if percentages are also reported.

# Biggest Take-Away

Evaluation work in this area is limited.

We hope to see it grow.



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