

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



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Introduction

Fathers make important contributions to child development and well-being.

Fathers can play a central role in the development of their young children, influencing an array of critical outcomes. Fathers who are positively involved in their families contribute to family well-being by contributing economically (Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004), supporting mother–infant attachment quality (Hossain, Field, Gonzales, & Malphurs, 1994), promoting academic achievement (McWayne, Downer, Campos, & Harris, 2013), and reducing child risks such as aggression, delinquency, depression, and anxiety (Amato & Gilbreth, 1999). Conversely, children whose fathers engage in negative parenting are more likely to evidence conduct problems as well as aggressive and disruptive behaviors (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 (Sousa et al., 2011). The benefits of positive father involvement as well as the consequences of negative father involvement underscores the critical need for child and family interventions that can successfully engage fathers, assess for strengths and risks, and deliver supportive interventions.

Engaging fathers in child and family services is challenging and understudied.

Fathers' contributions to child and family well-being and national trends suggest increases in male caregiving in recent years (Jones & Mosher, 2013) and 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.

Engaging fathers and mothers together in child and family services is underexplored.

Another key challenge within child and family services is to engage fathers and mothers in services together. 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 (Marsiglio & Hinojosa, 2007). Whether parents are married or unmarried, co-habiting or not, children can benefit from the positive involvement of both parents and a strong co-parenting relationship (Cabrera, Scott, Fagan, Steward-Streng, & Chen, 2012). Even though the mother–father relationship is well established as a strong correlate of father–child involvement (e.g., Thullen, Henly, & Hans, 2012), 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.

Home visiting programs can engage fathers as well as mothers and fathers together.

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 the elimination of transportation barriers. In addition, fathers tend to exhibit their greatest involvement in families when their children are very young (Reichman, Teitler, Garfinkel, & McLanahan, 2001) and most home visiting programs target families with children from prenatal to age 3 to 5. Engaging fathers in perinatal



home visitation services may also improve long-term fathering trajectories. Early involvement of fathers may increase fathers' continued involvement with children over time (Bellamy, Thullen, & Hans, 2015).

Fathers' engagement in home visiting programs remains infrequent and inconsistent.

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). 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. Another potential barrier is that the field is primarily staffed by women, some of whom may hold negative beliefs and expectations about working with fathers. Very little research has examined these barriers to father engagement, and even fewer studies have tested the effectiveness of approaches designed to address them.

Current Study

Research questions.

The current study uses data from a recent randomized controlled trial testing the effectiveness of "Dads Matter-HV" (home visiting), to answer 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 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?

Development of the Dads Matter-HV intervention as an enhancement to home visiting.

Dads Matter-HV was designed to address barriers to fathers' engagement with home visiting services as well as increase fathers' engagement in existing home visiting services. Dads Matter-HV is an intervention designed as an enhancement to standard perinatal home visiting services and to complement rather than supplant the content and practices of existing service models. Dads Matter-HV strategies were designed to deliver services in parallel 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).

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 delivering each module 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 to the full length of a home visit. A more detailed description of the modules can be found in the full FRPN report.

Method

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. These organizations utilized as their standard home visiting model one or more of three nationally prominent, evidence-informed home visiting models to which Dads Matter-HV was added. A total of 17 teams of home visitors recruited study participants.

Each supervisor and the team of home visitors they supervised were randomly assigned together as a group (i.e., cluster) to deliver either their standard home visiting services enhanced with the Dads Matter-HV intervention (i.e., the intervention condition) or 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.

Data were collected from parents and home visitors. Data were collected from mothers and fathers at three time points: at baseline (i.e., at the point of intake into services), four months post-baseline, and one-year post-baseline. Home visitors provided fidelity data collected following each visit with families. Survey data were also collected from home visitors twice: once at the start of the study and approximately 1.5 years after the study was initiated. Qualitative data were also collected from a subgroup of home visitors about the engagement strategies that they employed with the families in the study after recruitment of families was completed.

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 visiting teams.

Quantitative Methods

Measures. Home visitors' attitudes and expectations: These data were collected from all home visitors, including the control and experimental group, via the home visitor survey. This measure of home visitors' attitudes and expectations about working with fathers was constructed for this study, as no existing measures were identified at the initiation of this study.

Father participation in services: Home visitors were asked to self-report services they provided to families using a Parent Services Log (PSL) as part of the fidelity measurement. The PSL is a brief, self-report, service tracking tool that was created for Dads Matter-HV (Guterman, Bellamy, & Banman, 2018). The PSL prompts home visitors to track each interaction the home visitor has with a family and the intervention components provided to families in each interaction.



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). The RHI was designed to measure growth-fostering qualities of relationships with paraprofessional helpers/mentors. 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 using the Dads Matter-HV enhancement.

Parent beliefs and expectations about fathers' participation in 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 to both parents at baseline only. One was designed to capture fathers' own beliefs and expectations about his own participation in home visiting services. The other was designed to capture mothers' beliefs and expectations about father's participation in home visiting services.

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

The 28 home visitors who participated in the qualitative data collection were purposively selected from the home visitors who served at least one family participating in the Dads Matter-HV study. Home visitors were selected to maximize diversity. Home visitors were interviewed over the telephone using a semi-structured interview guide. Data from the interviews were used to describe how home visitors assessed and engaged families who participated in the randomized controlled trial. Interviews were audio-recorded and transcribed using a professional transcription service. The qualitative data were analyzed using interpretive description (Thorne, Kirkham, & MacDonald-Emes, 1997; Thorne, Kirkham, & O'Flynn-Magee, 2004).



Results

Home visitor attitudes and expectations. Tables showing bivariate analyses can be found in the full FRPN report. 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. Although home visitors were generally positive about fathers in terms of valuing fathers' participation, 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.

Father participation in services. Parent Service Log (PSL) data indicated that fathers in the control group attended 20% of home visits. Fathers' attendance in home visits for the intervention group was 33% by comparison. Home visitors in the intervention group reported delivering more intervention content that was reflective of the Dads Matter–HV intervention 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. 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. 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. Home visitors also reported that mothers in the control group received more parental role–focused services (69% versus 57%). 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. 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. At the one-year follow-up, the RHI scores for fathers were highly similar across treatment groups. The RHI scores for mothers were virtually identical at four-month and one-year follow-ups when looking at the RHI total sum scale.

Relationship between clinical content, parent beliefs and expectations, home visitor–parent relationship, and demographics. The table showing correlation analyses describing 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 can be found in the full FRPN report. 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 were statistically significantly related to the quality of the home visitors' relationships with parents, parents' attitudes toward fathers' participation in home visiting services, or fathers' relationships with their home visitors.

Worker strategies to engage fathers. The qualitative interviews with workers revealed many common barriers to the engagement of fathers in home visiting services. They 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 indicated 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, suggesting that workers were innovating new strategies to engage fathers on their own.

Discussion

Data from the Dads Matter-HV study suggest that home visitors report 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. Training in Dads Matter-HV increased fathers' participation in visits. 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. Despite concerns expressed by some home visitors during training that working with fathers could compromise their working relationship with mothers, the mother-worker relationship was not compromised by the use of Dads Matter-HV. Mothers' and fathers' expectations and attitudes about fathers' participation in home visiting services are only modestly related. 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. The qualitative data presented in this study illustrates that home visitors who were trained in Dads Matter-HV used a greater variety of father engagement strategies. 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. Limitations of this study can be found in the full FRPN report.

Implications for Practice

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 that may have utility in home visiting, as well as across other child and family services:

- 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 relatively more efficient approach to improving fathers' engagement in home visiting services.
- This service enhancement approach may be a promising strategy to increasing fathers' engagement in other types of child and family interventions as well.



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