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Summary Report: Fatherhood Programs: Factors Associated with Retention, Completion, and Outcomes



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Overview

Widespread attrition and fathers' non-completion of fatherhood programming are recognized problems in the field (Holmes, Hawkins, Egginton, Robbins, & Shafer, 2019; Kim & Jang, 2018). Available literature demonstrates that positive outcomes for fathers and children can be attributed to participating in responsible fatherhood programs (Holmes et al., 2019; JustPartners, Inc., 2010). In their fatherhood program evaluation, Kim and Jang (2018) found that high-dosage levels (i.e., eight or more sessions attended out of 10 total) led to improved parenting satisfaction, which, in turn, increased the frequency of child-father activities.

A father's absence is related to multiple poor outcomes for children including threatening a child's development and increasing his or her likelihood of living with poverty, poor mental health, and expressing at-risk behaviors (Cuplin, Heron, Araya, Melotti, & Joinson, 2013; Ellis, Schlomer, Tilley, & Butler, 2012; Hoffmann, 2002; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). Therefore, enhancing the effectiveness of strategies and programs to assist fathers to become better parents can be an important social investment. Attrition can impede that goal. Previous studies of fatherhood programs identified the problem of noncompletion, but few examined associated factors and the effect on outcomes across multiple agencies. The purpose of this mixed methods study is to explore factors that are associated with retention, completion, and outcomes across seven Ohio fatherhood agencies. These research questions guided the study:

- 1. Which participant factors at intake (i.e., demographics, self-reported domestic violence, and programs/services wanted) are associated with attendance levels, program completion, and outcomes?
- 2. To what extent does client engagement vary based on programmatic characteristics?

 To what extent does client engagement differ between and among programs/agencies?
- 3. To what extent is program completion associated with specific outcomes studied here?

Sample Characteristics

A total of 1,454 fathers enrolled in the program; the number of participants varied widely across the seven agencies. Of these fathers, 642 (44%) were incarcerated; the rest were community fathers 810 (56%). The analysis focuses on a sample of low-income fathers who reside in most of the counties in Ohio and participated in fatherhood services. The majority of enrolled incarcerated and community fathers were under the age of 35 (53%), which was also true of the pre/post study group. The enrolled fathers predominantly self-identified as White or Caucasian (52.8%), followed by Black or African American fathers (36.7%), and Latino or Hispanic fathers (4.4%). Upon enrollment, most of the fathers (57%) were never married or currently divorced; 13 percent were married.

Education levels were skewed to the lower range of educational attainment, with 682 fathers (48%) having attained, at the time of enrollment, a high school diploma or a GED. An additional 98 participants, or 8 percent, had attained an associate's, bachelor's, or graduate-level degree. More than 6 percent, or 88 fathers, had vocational or technical certifications. A sizable 23 percent had no diploma, degree, or certification. Educational attainment was similarly distributed within the pre/post study group, as well as when disaggregated by incarceration status.

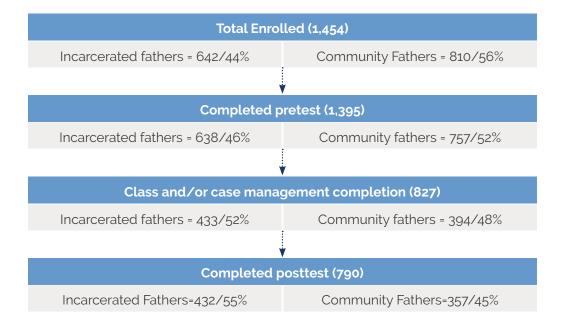
At enrollment, most fathers had low income. Of the 1,369 that answered the income question, only 359 (26%) self-reported earning more than \$500 during the past 30 days. More than 31 percent of the fathers reported no income during this period.

Instruments

The pre/post survey included the following self-report scales: 1) The Co-parenting Perceptions Scale was developed and validated for use with fathers who are nonresidential and low-income (Dyer, Fagan, Kaufman, Pearson, & Cabrera, 2018). This scale examines three factors related to co-parenting: gatekeeping, alliance, and undermining; 2) Outcome measures for assessing various domains of healthy marriage and relationships were examined and compiled for the Healthy Marriage and Relationship Education Models and Measures (Scott, Moore, Benedetti, Fish, & Rosinsky, 2015). Five questions from the economic well-being and stability domain were included. 3) The Child-Parent Relationship Scale (CPRS) is a self-report instrument that assesses parents' perceptions of their relationship with their children. The CPRS-Short Form contains 15 items related to closeness and conflict (Driscoll & Pianta, 2011). Seven items from the closeness scale were included; 4) The 23-item Personal Challenges Questionnaire examines personal challenges a father may have experienced in the past 30 days (Fagan & Kaufman, 2015). Questions examine challenges related to multiple domains, including employment, finances, co-parenting, legal issues, and emotional and behavioral issues; 5) The Self Perceived Competence Scale includes seven items that examine fathers' self-efficacy (Dyer, Kaufman, Fagan, Pearson, Cabrera, 2018); 6) Questions from the FRPN father engagement scale were used to assess father-child involvement (Dyer, Kaufman, Fagan, Pearson, & Cabrera, 2018).

The quantitative and qualitative questions from the exit survey were given to fathers at completion of services and/or programming. A combination of open-ended questions, Likert scales, and checklists sought fathers' self-perception on a variety of outcomes, including domains related to relationships with their children; parenting classes or communication; child support; legal issues; employment; and referrals, education, or counseling. The remaining questions examined satisfaction with services and life changes since enrollment. In addition, agency staff were interviewed.

Of the 1,454 initially enrolled fathers, 790 completed the intake demographic survey and the pre/post surveys. Of the 1,454 initially enrolled fathers, 642 (44%) were incarcerated; the rest were community fathers 810 (56%). The following flow chart describes the number and percentage of fathers who enrolled, completed the pretest, completed classes and/or case management services, and completed the posttest. The average number of classes attended for fathers who had completed at least one class was 5.93 for incarcerated fathers and 8.3 for community fathers. The average number of case management sessions for fathers who had completed case management services was 1.73 for incarcerated fathers and 5.76 for community fathers.



Methods

The heart of the quantitative analysis revolves around scales and subscales constructed from items in the pre/post surveys to address the research questions. Analyses were done using repeated measures ANOVAs.¹ Qualitative data were analyzed using two questions from the exit survey and from interviews done with one staff member per agency.

The pretest for intervention fathers was administered at enrollment, and the posttest survey was administered when participants were deemed to have completed at least 80 percent of the fathering curriculum or achieved at least 50 percent of their fatherhood goals, which were individually determined at agency intake. Participants voluntarily completed the posttest and the exit surveys during the same meeting, with no incentive. The survey items probed a number of experiences the participant may have had with regard to his youngest child. For example, fathers were asked about challenges they may have faced in the past month, whether they had had contact with this child in the past month, the nature of this contact, opinions/attitudes about existing employment skills and employability, experience with and attitudes/opinions about co-parenting, and more.



Results

Quantitative Analysis. Based on the exit survey data, both incarcerated and community fathers reported that they were satisfied with the programming, the case management services, and assistance that they received from the agency staff. An overwhelming majority of the fathers either agreed or strongly agreed with the following: a) the staff gave them needed help, b) the staff did a good job, and c) their questions were answered. They also indicated that they would recommend this programming, they learned new information that they will apply to their lives, and they planned to return for more help.

Case management services completion was associated with a significant and positive change in father's involvement with his child among community fathers, although the effect size is very small. Neither class completion nor case management services completion was significant for incarcerated fathers.

The strength (or lack thereof) of the father's perceived closeness with his youngest child show a statistically significant effect of class completion but only for community fathers. Notably, fathers who completed the classes scored lower on father's perceived closeness with this youngest child than fathers who did not. Neither class nor case completion was significant for incarcerated fathers.

Given the pre/post design built into the analysis, we ran repeated measures ANOVAs on the scaled scores with time as the within-subjects factor. These models were fit separately for incarcerated versus community fathers, with two factors specified as covariates (1) whether the father was reported to have completed classes and (2) whether case management services had been completed. Repeated ANOVAs analyses were done for each of the measures. Several fathers failed to complete all survey items applicable for one or more scales, necessitating mean imputation to avoid severe loss of power.

Fathers' co-parenting behavior/experience with the mother of the focal child explored three factors: undermining, co-parenting alliance, and gatekeeping. For community fathers, the only statistically significant impact noted was for case completion, and that only for the co-parenting alliance scaled scores. Fathers who completed case management were less likely to have a low-quality alliance with the mother. Incarcerated fathers with class completion, however, were more likely to report a low-quality alliance with the mother at posttest compared with pretest. Case completion among incarcerated fathers was associated with significantly lower quality alliance with mothers at posttest. Regarding the fathers' parenting self-efficacy, neither class completion nor case management services completion were found to be statistically significant for community fathers or for incarcerated fathers.

Qualitative Analysis. The exit survey questions asked fathers to write about the "two most important things they learned" from the fathering classes and their "other thoughts about the program." A total of 589 fathers provided

at least one response to this first question. The analysis resulted in six themes. Listed in order of decreasing frequency, they are: 1) *Parenting Skills and Knowledge* that covered learning healthy ways to discipline, nurturing skills, and patience; 2) *Communication* focused on relating better to their children and the co-parent after taking the classes; 3) *Fathering Growth* centered on positive changes related to fathering; 4) *Life Skills and Knowledge* focused on information that would help the father be successful, outside of parenting and relationship skills; 5) *Relationships* centered on ways fathers learned to improve their relationships with others particularly the co-parent and family members; and 6) Personal Improvement focused on ways the participant had grown and changed since beginning the class.

A total of 492 fathers gave at least one response to the other open-ended exit survey question used that asked for "other thoughts." Analysis resulted in six themes listed in descending order of frequency, they are: 1) *Beneficial Aspects of Classes/Programs* focused on benefits fathers said they gained from attending fathering classes from case management services; 2) *Teachers/Staff* centered on positive feedback regarding staff, their approach, and knowledge; 3) *Learning* focused how much they learned about fathering skills that improved their relationship with their child during their time in the program; 4) *Feedback* about the program (i.e., all aspects of the agency offerings/services) centered on their enthusiasm for the program, as well as comments about the class structure, challenges to attending, and resources/referrals; 5) *Feelings about the Program*, in which many fathers expressed appreciation for the program and the support they received; and 6) *Suggestions* and constructive feedback such as expanding service options and marketing to broaden awareness of the fatherhood programs.

The purpose of the agency staff interviews was to gather information about agency engagement strategies and programmatic differences that could influence fathers' retention, completion, and outcomes. Important factors reported by the interviewees included: 1) *Motivation* and a willingness to change. According to the interviewees, fathers who recognized that they needed to take a new path to reach their goals, including wanting to be good fathers, did better than their peers; 2) *Barriers to Completion*. The most prevalent reported barrier was lack of transportation or not having a driver's license, particularly for men from rural areas. Other factors included schedule conflicts, mental or behavioral health challenges; 3) *Strategies to Engage and Retain Fathers*. The strategies primarily were based on or related to showing respect, gaining trust, listening, and building rapport. Assisting with immediate barriers to show that they cared about the fathers' well-being was considered important. As part of this strategy, they reported that texting fathers to maintain contact, show support, and provide information seemed associated with retention. Interviewees indicated that social support through mentoring, group activities, and cohorts that learned together did the same. Other helpful strategies included goal setting, providing incentives such as bus passes, and flexible course sequencing and times. Finally, because approximately half of the participants were incarcerated, specific factors reported to be relevant

to retention of these fathers are notable. Barriers to completion included having required tasks that took precedence over attending fathering classes and class schedule conflicts. Upon release, some fathers did not reside near a fathering agency to finish their classes or had transportation issues. Other fathers had job demands that conflicted with participation.

Discussion

Both qualitative and quantitative findings showed that the fathers who completed classes and received case management services were very satisfied with their relationships with staff and other fathers, the interventions they received, their overall experiences, and their outcomes. They reported feeling more confident about their fathering skills and their relationships. Although only about half the enrolled fathers completed the programming, this finding is consistent with the literature (Holmes, Hawkins, Egginton, Robbins, & Shafer, 2019; Kim & Jang, 2018).

Fathers wrote that their positive experiences contributed to their ability to overcome barriers, improve their fathering, find social support that boosted their confidence, gain job skills, make progress to meet their goals, and other noteworthy gains. Regarding the strategies that influenced fathers to complete programming, fathers and agency interviewees emphasized the importance of building relationships, showing care and respect, and providing social support within groups and across staff and referral contacts. Previous researchers similarly reported a small to moderate effect on parental knowledge related to parent–child relationship that was gained from services (Armstrong, Eggins, Reid, Harnett, & Dawe, 2017).

Regarding which factors at intake are associated with attendance levels program completion and outcomes, the findings were not conclusive. The data indicated no compelling demographic differences between completers and noncompleters and no consistent outcomes associated with completion with some perverse patterns suggesting that noncompleters had more favorable outcomes. For example, older fathers were shown to complete programming in greater numbers than did other age groups. The agency staff interviewees reported that demographic factors did not appear to influence participant retention and success—except that midrange-aged fathers were perceived to complete classes more often than other age groups. This latter finding contradicted age-related demographic findings from the quantitative data analysis.

Regarding the extent to which client engagement varies based on programmatic characteristics and the extent that client engagement differed between and among programs/agencies, the findings can only be suggestive. Client engagement varied by programmatic characteristics and agency, enrollment, and participation across only seven agencies. The large multi-program agencies served a broad population; others were quite small. The agencies' capacity, size, and number of and types of geographic locations differed widely as did differences in curriculum. The agency staff interviews further confirmed that course sequencing differed notably within and across agencies. Pressure to enroll and retain fathers inspired agencies to be creative with scheduling strategies while trying to maintain program fidelity.

Regarding the extent to which program completion is associated with specific outcomes studied resulted in interesting information. For Father's Involvement outcomes, some evidence indicated that case management services completion had a positive impact on community fathers' involvement with their children. For the Child-Father Relationship outcomes, fathers who completed the classes scored lower than fathers who did not. A possible explanation is that fathers realized at posttest how much they did not know about fathering, so their

pretest reflected an inaccurate sense of confidence that was altered later. Neither class nor case management services completion was significant for incarcerated fathers' outcomes. Unfortunately, the data do not allow us to probe factors that are driving these results.

Implications for Practice

Providers should create and maintain an agency culture that emphasizes respect in order to build trust, rapport, and strong relationships between and among fathers and agency staff, and other social supports (e.g., mentoring and father cohort groups) to improve retention, fathering outcomes, and strong word-of-mouth recruitment.

Providers should keep caseloads manageable to allow staff to individualize plans and goals, and to address the programming needs of fathers with special challenges such as mental and behavioral health issues.

Implications for Researchers

Future studies ought to reexamine the research questions examined here, using agencies that are more similar with respect to size, structure, curriculum, and participant demographics. Including objective data along with self-reported data would improve the analysis. Future studies ought to examine the effect of agency culture on class completion and outcomes for fathers. The effect of programming (i.e., classes and case management services) on incarcerated fathers is a needed area for exploration. Given that incarcerated fathers are more likely to complete classes, analyzing their needs and the effects of programming makes sense—especially over time and following their reentry.

Despite its limitations, this study is another step in the examination of important research questions that can reveal strategies to assist agencies to improve retention of fathers in programs and their realization of successful outcomes. While our study yielded some helpful findings, it also raised more questions to answer and more areas to explore.



References

Armstrong, E., Eggins, E., Reid, N., Harnett, P., & Dawe, S. (2017). Parenting interventions for incarcerated parents to improve parenting knowledge and skills, parent well-being, and quality of the parent-child relationship: A systematic review and meta-analysis. *Journal of Experimental Criminology*. doi: 10.1007/s11292-017-9290-6

Cuplin, I., Heron, J., Araya, R., Melotti, R., & Joinson, C. (2013). Father absence and depressive symptoms in adolescents: Findings from a UK cohort. Psychological Medicine, 43(12), 2615–2626.

Driscoll, K., & Pianta, R. C. (2011). Mothers' and fathers' perceptions of conflict and closeness in parent-child relationships during early childhood. Journal of Early Childhood & Infant Psychology, 7, 1-24. Retrieved from https://search.ebscohost.com/login.aspx?direct=true&db=agh&AN=72323535 &site=eds-live&scope=site

Dyer, W. J., Fagan, J., Kaufman, R., Pearson, J., & Cabrera, N. (2018). Self-perceived co-parenting of nonresident fathers: Scale development and validation. Family Process, 57(4), 927–946. doi: 10.1111/famp.12331

Dyer, W. J., Kauffman, R., Fagan, J., Pearson, J., & Cabrera, N. (2018). Measures of father engagement for nonresident fathers. *Family Relations*, 67, 381–398. doi:10.1111/fare.12317

Ellis, B. J., Schlomer, G. L., Tilley, E. H., & Butler, E. A. (2012). Impact of father on risky sexual behavior in daughters: A genetically and environmentally controlled sibling study. *Development and Psychopathology*, 24(1), 317–332. doi: 10.1017/S095457941100085.x

Fagan, J., & Kauffman, R. (2015). Fatherhood Research & Practice Network Research Brief: Self-reported personal challenges of fathers in responsible fatherhood programs. Retrieved from https://www.frpn.org/asset/frpn-research-brief-self-reported-personal-challenges-fathers-in-responsible-fatherhood

Hoffman, J. P. (2002). The community context of family structure and adolescent drug use. *Journal of Marriage and Family*, 64(2), 314–330. doi: 10.1111/j.1741-3737.2002.00314.x

Holmes, E. K., Hawkins, A. J., Egginton, B. M., Robbins, N., & Shafer, K. (2019). *Final evaluation report: Do responsible fatherhood programs work? A comprehensive meta-analytic study.* Retrieved from https://www.frpn.org/asset/frpn-grantee-report-do-responsible-fatherhood-programs-work-comprehensive-meta-analytic-study

JustPartners, Inc. (2010). Responsible Fatherhood Investments, 1994–2009 (pp. 1–28). Retrieved from https://www.aecf.org/resources/responsible-fatherhood-investments-1994-2009/

Kim, Y., & Jang, S. J. (2018). Final evaluation report: A randomized controlled trial of the effectiveness of a responsible fatherhood program: The case of TYRO Dads. Retrieved from http://frpn.org/asset/frpn-grantee-report-randomized-controlled-trial-the-effectiveness-responsible-fatherhood

Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Paediatrica*, 97(2), 153–158. doi: 10.1111/j.1651-2227.2007.00572.x

Scott, M. E., Moore, K. A., Benedetti, A. M., Fish, H., & Rosinsky, K. (2015). Healthy marriage and relationship education: Recommended outcome measures for parents in complex families. *OPRE Report* #2015-66a. Prepared by Child Trends. Washington, D.C.: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.