



RESEARCH REPORT

Approaches to Father Engagement and Fathers' Experiences in Home Visiting Programs

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Overview

The Approaches to Father Engagement and Fathers' Experiences in Home Visiting project, conducted by the Urban Institute for the Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services, aims to understand how home visiting programs engage fathers, what fathers' experiences are in those programs, and what the perceived benefits are of fathers' participation.

This report presents the findings from qualitative interviews with home visiting program administrators, staff members, and participating fathers and mothers in five programs implementing strategies to engage fathers in services. Across the five sites, 40 fathers participated in the study, including first-time and experienced fathers, teen fathers, and several fathers who did not live with their children. Key themes that emerged from the interviews include the following:

- **Home visiting programs implement different approaches to engage fathers.** Some programs include fathers in home visits that target mothers, whereas other programs provide separate home visits for mothers and fathers.
- **Some programs have broader fatherhood programs that include peer support groups and outings as well as events with other participating families.** Participation in group activities complements one-on-one home visits, and home visits with mothers are also used as an opportunity to recruit fathers for separate fatherhood program activities.
- **Programs implement multiple strategies to reach fathers and keep them engaged.** Programs encourage fathers' participation by offering separate home visits; assigning home visitors who best fit the fathers' needs; tailoring the content of activities to be hands-on and specific to fathers' needs; and providing incentives, such as free diapers and gift cards. Home visitors engage fathers by connecting with them as trusted mentors and advocates, being persistent but patient and nonjudgmental, and being flexible and accommodating fathers' schedules.
- **Home visitors face challenges recruiting and engaging fathers.** Working fathers and fathers who live separately from children often cannot participate in home visits. Some mothers and grandparents prevent the fathers' participation. Teen parents are particularly hard to serve, because of their level of maturity and unstable relationships.
- **Fathers report the benefits of participation in home visits and other program activities.** They report improving their parenting skills, learning to manage their anger and communicate better with partners, and gaining access to employment and referrals to community services.

Executive Summary

Home visiting programs have traditionally targeted pregnant women and mothers of young children as primary clients; however, some home visiting programs are recognizing the important role fathers have in their children's lives and are implementing strategies to engage fathers in services. Because little systematic information exists on the approaches and strategies that home visiting programs use to engage fathers, the Office of Planning, Research, and Evaluation in the Administration for Children and Families, US Department of Health and Human Services funded a study, conducted by the Urban Institute, to understand how home visiting programs that serve at-risk families engage fathers, what experiences fathers have in those programs, and what the perceived benefits are of fathers' participation. The specific research questions addressed by the study are as follows:

1. What methods and approaches do program staff members use to encourage father engagement?
2. What supports, including program philosophies, specialized training, and program resources, do staff members perceive as most useful for recruiting, engaging, and serving fathers in their programs?
3. What recruitment and engagement strategies do home visiting programs use to engage fathers? How do these strategies vary for fathers in different situations (e.g., resident or nonresident fathers, first-time or experienced fathers, teen fathers), and why? What types of fathers are perceived as being harder to engage, and why?
4. What are the experiences of fathers in these programs, and what are their motivations for participating?
5. What are the perceived benefits of fathers' participation in home visiting services, according to participating fathers, mothers, and program staff members?
6. What role do mothers play in facilitating or discouraging fathers' engagement in home visits?

Methods

To begin the study, the research team scanned the field to identify home visiting programs that were implementing strategies to engage fathers. Conversations with program experts helped narrow a list of identified programs. Using selection criteria, such as the types of father engagement strategies, the age

and racial or ethnic makeup of the families served, and the geographic area in the United States, the research team recommended five programs for further study.

Researchers conducted site visits to the five selected sites to interview program administrators (18 total), home visitors (20 total), and participating fathers (40 total; 8 per site) and mothers (10 total; 2 per site matched with 2 interviewed fathers). The research team also shadowed home visitors to observe home visits in which fathers participated (different from the fathers who were interviewed).

Fathers ranged in age from 20 to 50 years old. Two study sites targeted young parents, so the average age of the 40 fathers skewed young at 29. The largest racial group interviewed was African American at 40 percent; 28 percent of fathers indicated they were Hispanic, and almost 18 percent identified as immigrants. Most fathers had limited education and struggled with employment; specifically, 68 percent had no more than a high school diploma and 40 percent were unemployed. The vast majority of fathers in the study were living with their children; of those, one-third were married to the child's mother, while two-thirds were cohabiting with the child's mother. Among the fathers interviewed, 65 percent were first-time fathers (two of the five programs targeted first-time parents), and most had been involved in the program since the child's birth, for an average of 21 months.

Key Themes and Findings

The research team coded and analyzed interview data to identify key themes by site, across sites, and by subgroup of participants (e.g., all 40 fathers). Several common themes emerged from these analyses. Key themes and findings that address the stated research questions include the following:

Programs Used Different Approaches to Engage Fathers in Home Visiting

- Some programs that served mothers as primary clients engaged fathers to participate in home visits with mothers. In those joint home visits, the content was very similar to that of mother-only home visits, but it was supplemented with father-specific information. The focus was on the family as a whole, with activities designed primarily to teach parents about parenting and child development.
- Other programs provided separate visits for mothers and fathers. The content of those home visits generally differed from that of visits with both parents. Male home visitors served as

mentors and offered individualized case management targeting the father's unique needs and goals as a parent and provider for his family.

- Study sites offered additional services to fathers, including peer support groups and outings and events with other participating families. Participation in group activities complemented one-on-one home visits, and home visits were a major recruiting mechanism for those other fatherhood program activities.

Mothers Were Entry Points for Fathers to Become Engaged in Home Visiting

Fathers were commonly recruited through their partners who were already engaged in home visiting services. Home visitors typically asked mothers about their children's father and tried to engage him if he was present. Home visitors also left information about other activities for fathers. In some cases, child protective services (CPS) and even probation officers referred fathers to the program. Some men were recruited directly through various community organizations and events and through word of mouth. This recruitment method was more likely to be the case for fathers who received separate home visiting services and were recruited as primary clients aside from any services that mothers received.

First-Time Fathers Were Particularly Interested in Participating, but Even Experienced Fathers Saw the Benefits

Fathers' initial motivations for participation included wanting (1) to be a better father, (2) to learn parenting skills and about their children's developmental needs, and (3) to break the intergenerational cycle of absent fathers because they grew up without involved fathers. Some fathers were attracted by incentives, such as free diapers and gift cards, but the program content further motivated them once they began participating.

Programs Used Multiple Strategies to Reach Fathers and Keep Them Engaged

Programs encouraged fathers' participation in the following ways:

- Employing home visitors who could connect with fathers. Many staff members and fathers emphasized the importance of having a man teach a man. They felt fathers would be more likely to open up to other men—particularly other fathers—about their challenges and their questions about

parenthood. However, in some cases staff members felt that an older woman could represent a mother figure and could connect well with young men. Gauging parental preferences and choosing a home visitor based on preferences appeared to help initiate and maintain father engagement. For some fathers, this practice meant choosing a male home visitor they could relate to; for others, it involved a home visitor with other salient characteristics, such as parenting experience or a similar cultural background.

- Employing fatherhood coordinators. These staff members, uniformly male, were tasked with designing and implementing recruitment strategies for fathers, tailoring curricula for fathers in home visits, and designing and implementing activities outside of home visiting for fathers. Programs without fatherhood coordinators were no less committed to the idea of father engagement; rather, they thought a better method of doing so was program-wide training.

Home visitors engaged fathers with these strategies:

- Connecting with them as trusted mentors and advocates. Home visitors built relationships with fathers by advocating for them and teaching them to advocate for themselves. By helping intercede with social services agencies and other community services, and by teaching parents generally and fathers specifically how to access social supports, home visitors built trust and helped families.
- Tailoring the content of activities to fit fathers' needs and preferences. Fathers responded to receiving concrete information about how they could participate in family life and support their partners and children. Fathers also responded to hands-on activities. Those activities became not just a way to educate fathers about child development but also a way to engage fathers in the program more broadly. Once they enjoyed the activities, they were more willing to listen to the information home visitors provided.
- Meeting fathers where they are. Home visitors recognized that program participants were at different stages in their readiness for change, and that the clients must set the pace if the program was to be successful. The home visitors gained fathers' trust and respect by letting them set goals for change and by providing resources to achieve those goals.
- Being patient and nonjudgmental. Many parents in the programs had had negative interactions with state authority figures; their learning that home visitors were there to help and not to report on them helped build trust and engagement in the program.
- Being flexible and accommodating of fathers' schedules. According to both staff members and parents, making repeated efforts to contact fathers, to schedule visits when they were available,

and to find ways to build rapport and engage them in conversation often led to fathers being more engaged in visits and other program activities.

Fathers Reported Benefiting from Having the Emotional and Instrumental Support of Home Visitors and from Being Part of a Peer Community

- Fathers reported gaining important knowledge about child development, basic caregiving, and effective parenting strategies, specifically discipline techniques. Home visitors imparted not only information but also skills.
- Fathers reported learning how to better manage their stress and anger and to communicate more effectively with their partners and children.
- Fathers were linked to job opportunities and community resources that helped them better provide for their families. Through strong nonprofit and governmental networks, participating home visiting programs connected families to services that the home visiting programs could not provide, including food assistance, housing assistance, job training, and legal services, and other help.
- Fathers appreciated having a program dedicated to fathers and the time, attention, and expertise of the home visiting staff.

Home Visiting Program Staff Faced Several Challenges in Recruiting and Engaging Fathers

- Mothers and grandmothers sometimes acted as gatekeepers. Staff members providing direct services to mothers and pregnant women had to obtain their consent before contacting fathers. In certain circumstances, mothers or even grandparents prevented access to fathers, primarily because of a poor or unstable relationship, because of a lack of confidence in fathers' parenting ability, or, less commonly, because mothers wanted the home visits for themselves.
- Staff also expressed concerns about clients' safety. Recruitment of fathers can be complicated because of the possibility of domestic or family violence. Home visitors probed for that situation, and if safety was a concern, the father's participation was generally not encouraged. However, if the father was referred by CPS, the home visiting program would work with the

father, even if there were past concerns about child abuse and neglect. While CPS cases were high risk and often more challenging to work with, home visitors felt comfort knowing they had the support of CPS workers.

- Another recruitment challenge was the parents' distrust of CPS, which could lead them to be wary about any outsider who came into their home.
- Some female home visitors were reportedly resistant to engaging fathers, given their own personal relationships and perceptions of men. Program leaders discussed how they trained staff members to be aware of potential biases they may have, to understand the value of fathers' participation in home visits, and to be comfortable working with fathers to improve outcomes for the whole family.
- Scheduling home visits to accommodate parents' schedules when fathers worked, attended school, or both was particularly challenging. Staff members in some programs could adjust their own work schedules to meet fathers' needs, but in other cases, fixed program hours prevented home visitors from scheduling in the evenings and on weekends when most full-time working fathers were available.
- Lack of transportation posed challenges, especially for fathers who did not live with their children and in areas with limited public transportation options.
- Funding constraints and insufficient resources limited the services that could be provided. All programs used multiple sources of funding. Federal grants were most common and were viewed as the backbone of most programs.
- Teen fathers who lacked a certain level of maturity were particularly challenging to engage. Teen fathers usually lived separately from their children, lacked reliable transportation, occasionally had parents who were unsupportive of their participation, and were not developmentally ready to handle certain discussions about parenting.

Lessons for Other Programs Aiming to Engage Fathers

Staff members across study sites overwhelmingly emphasized the importance of building consensus within their organizations and with the parents they serve about the importance of a father's role in his child's life. They provided recommendations for other programs on how to promote the value of fatherhood within their organizations and to program participants.

- Create an organizational culture that welcomes and supports fathers. Staff members underscored the importance of having office space and written materials that appeal to men. Training home visitors to identify their personal biases on the basis of previous experiences with men is also important.
- Be persistent when trying to recruit and engage fathers. Staff members provided multiple examples of when they had struggled to recruit or involve a father in the program but yet were patient and creative in their efforts. They urged others not to accept “no” easily, but also to recognize situations where fathers’ participation in maternal home visits may not be beneficial for the safety of the mother and child.
- Focus on helping mothers embrace the child's father as part of the parenting equation. Working with fathers to engage in their children's development was not enough. After having done this work with fathers, mothers were sometimes resistant to letting fathers play a role in parenting.
- Hire the “right” staff to work with fathers. Staff members urged other programs to carefully consider gender, age, background, personality, motivation, and other “soft skills” when matching home visitors and father clients. Some felt that having male staff members was essential or that having a fatherhood coordinator with sufficient capacity to focus on father engagement would improve a program's ability to reach out to fathers and connect with them.
- Consider implementing peer support groups for fathers or father-oriented group activities, because they signal to fathers that the program values them. Generally, study participants recommended that their own programs increase the number of events and activities for fathers and families as a whole.

Implications

The study findings have important implications for the design and implementation of home visiting programs as a service delivery mechanism for fathers. Staff members across all programs discussed the need for additional resources to support their outreach and father engagement efforts. Programs also needed the resources and infrastructure to offer services at flexible times when fathers were available and to adequately train staff to work with fathers with diverse backgrounds and needs, including very high-risk cases that required more intensive case management. Certain grant funding was earmarked for specific services and populations, so programs felt constrained in the services they could provide to fathers. Funding was also critical for programs offering incentives and rewards.

Home visiting programs have little national guidance or research-based evidence on what approaches for serving fathers are most effective. Technical assistance and training opportunities on best strategies to recruit and engage fathers would help programs overcome initial challenges, such as maternal gatekeeping, resistance from grandparents, and home visitors' concerns about engaging fathers. Programs also need additional guidance and training to be better equipped to fully engage both parents during joint home visits. The development of new evidence-informed curricula for conducting home visits with both parents and with fathers alone, and that can accommodate or adapt easily to different age groups and populations, would also be beneficial to many programs. Peer support groups for fathers emerged as an essential component in several programs' efforts to serve fathers in their communities. Yet some programs struggled with operating these groups and could benefit from learning from other programs on how best to structure their services for fathers.

Maternal home visiting programs and responsible fatherhood programs have similar fundamental goals: to improve parenting, the quality of relationships, and family economic stability. This work suggests home visiting programs and responsible fatherhood programs could partner to share clients, boost recruitment, and strategize service delivery options to best meet clients' needs. Home visiting is an alternative service delivery approach that could help reach certain groups of fathers.

Chapter 1. Introduction

Parents are one of the most important influences in a child's life, yet many parents face significant challenges that affect their ability to provide the stable, nurturing environment that children need to thrive. Those challenges include poverty, unemployment, single parenting, substance abuse, lack of good role models, and the youth of teen parents. A number of social services and programs support mothers in their parenting efforts, but very few target fathers.

In recent years, a growing awareness of the importance of fathers for children's well-being led to the responsible fatherhood movement and the development of federally funded responsible fatherhood programs designed to help men become more involved and better fathers. Other programs that serve very young children and their families—such as home visiting programs¹—may offer new ideas and techniques to effectively reach fathers; these programs may also be important partners for responsible fatherhood programs. Although home visiting programs primarily target mothers and their children, some have begun to actively engage fathers as well. One advantage of home visiting is the focus on strengthening the “whole” family and co-parenting (at least for parents still in a relationship with one another and, in particular, living together).

Engaging fathers early on, even prenatally, can encourage strong father-child relationships and thereby promote child well-being and healthy development. Also, targeting services to fathers (in addition to mothers), regardless of residency, and referring them to needed services (e.g., job training, mental health services, substance abuse treatment) could further improve child outcomes. Finally, home visiting, though often thought of as a kind of program, is really a service delivery strategy to reach the most vulnerable families. Home visiting as a service delivery strategy may be effective at reaching fathers to support their parenting and economic self-sufficiency. Despite the potential advantages and broader implications for other programs that serve fathers, very little is known about the strategies home visiting programs use to engage fathers or fathers' experiences in these programs.

This report presents the findings from a qualitative research study that explored the efforts of five home visiting programs that serve at-risk families across the United States. Interviews with program staff and participating parents identified the strategies programs used to engage fathers and the perceived benefits and challenges of engaging fathers. This chapter provides context related to the history of home visiting programs and the responsible fatherhood movement and reviews the brief literature on fathers' participation in home visiting. Subsequent chapters discuss the research methods used in the current study (chapter 2), the characteristics of the selected study sites (chapter 3), and key

study themes and findings (chapters 4 through 9). The report concludes with a discussion of study limitations and implications for the design and implementation of home visiting programs and responsible fatherhood programs (chapter 10).

History of Home Visiting Programs

Home visiting programs have a long history both internationally and in the United States. Domestically, home visiting programs began in the late 19th century as a philanthropic endeavor in urban centers, as wealthy women employed nurses to visit poor areas and instruct new mothers (Buhler-Wilkerson 1985; Council on Community Pediatrics 2009). Similarly, late 19th-century and early 20th-century programs in Great Britain and Denmark focused largely on the neediest families (Kamerman and Kahn 1993). Even in those early times, the importance and potential benefits of home visiting were recognized: to reduce infant and maternal mortality, to reduce child abuse and neglect, and to improve family and community health and social and economic conditions (Buhler-Wilkerson 1985).

In the later 20th century, the course of home visiting in Europe and America diverged, however, with home visiting increasing in scope and universality in Europe while shrinking in the United States, largely because of concerns about cost (Council on Community Pediatrics 2009). It is only in the past few decades that interest in home visiting in the United States has increased, following several demonstration programs in the 1990s. Those programs—in New York, Tennessee, Colorado, Hawaii, Missouri, and other states—found mixed effects, but among the positive outcomes were better parenting and home environments, reductions in rates of child abuse and neglect, and reductions in other measures of child maltreatment (Gomby, Culross, and Behrman 1999). A period of model program development and evaluation followed, under what experts have called “Home Visiting 2.0” (Daro 2015). More recently, a host of new local, state, and national initiatives has spurred collaboration between program models, along with the recognition that programs are not “one size fits all.”

A half-million children are currently served by home visiting programs in the United States, and an estimated 400 programs have home visiting as their main focus or as a component in a package of services (Ammerman et al. 2010). The home visiting models have different goals, but they usually involve a trained professional or paraprofessional who visits a woman who is pregnant or has a young child to provide support, information on parenting and other topics, and guidance on such subjects as healthy eating and family planning—all in the hope of enhancing child health and development.

The evidence of the effectiveness of early childhood home visiting programs was the impetus for a new national investment in home visiting services. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, initially authorized through the Affordable Care Act, is designed to facilitate “collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.”² Specifically, MIECHV “supports pregnant women and families and helps at-risk parents of children from birth to kindergarten entry tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.”³ The Act’s passage reflects a commitment toward both helping vulnerable families and improving the effectiveness of home visiting programs. However, as reflected by the MIECHV program name, historically, home visiting programs have targeted pregnant women and mothers with young children. The names of national programs often include “families” and “parents” (e.g., Healthy Families America, Parents as Teachers), yet participants are overwhelming mothers, not fathers.

The Responsible Fatherhood Movement

In the last quarter of the 20th century, scholars began highlighting the importance of fathers (Lamb 1975; Levine 1975), arguing that fathers played a unique role in a child’s development that differed from the role of mothers. During that same period, major demographic and economic changes in the United States dramatically affected fathers’ roles and how society viewed fathers. For example, as women entered the labor force in increasing numbers, the father’s traditional role as breadwinner was challenged. In addition, substantial increases in divorce and nonmarital childbearing over the past four decades increased the prevalence of single parenthood and led to a concern about the consequences of father absence (Sylvester and Reich 2002).

One response to those changes in the role of fathers in the family was to call for more data and research. Historically, fathers have been missing in most developmental and prevention research, and very little information was available about what resident and nonresident fathers actually do. In the mid-1990s, the Federal Interagency Forum on Child and Family Statistics (1998) developed recommendations for collecting better data on fathers and fatherhood. Some recent data collection efforts include detailed information about fathers’ behaviors and children’s outcomes, including the Early Childhood Longitudinal Study, Birth Cohort; the Early Head Start Research and Evaluation Project; and the Fragile Families and Child Wellbeing Study (Fitzgerald, Mann, and Barratt 1999).

A second response to the new interest in fathers was at the community and grassroots level with such initiatives as the Institute for Fatherhood and Family Revitalization, the Fatherhood Project, and the Male Responsibility Project. Programs emphasized the importance of fathers for the emotional, developmental, and financial support of children. Some programs targeted low-income fathers and highlighted how a lack of good jobs could undermine a father's ability to support his family. Other programs focused on the breakdown of the family because of divorce and nonmarital childbearing and emphasized the goal of getting or keeping couples married through teaching marriage relationship skills. Understanding the role of men in pregnancy prevention was the focus of yet another program with the goal of reducing teen pregnancy (Sylvester and Reich 2002).

The federal government initially got involved in responsible fatherhood because of concerns about the lack of child support payments. For example, the 1988 Family Support Act authorized Parents' Fair Share, a demonstration program that provided job training to noncustodial parents who were unable to pay child support (Sylvester and Reich 2002). Since 2005, the federal government has invested in targeted efforts to encourage greater father involvement among low-income men through the Responsible Fatherhood grant program, which supports service interventions that promote parenting, relationship skills, and family economic stability.⁴ According to a review of the available research on programs for low-income fathers (Avellar et al. 2011), programs use various strategies to recruit and engage fathers, including most commonly group sessions, case management, employment services, and child support services. Home visiting, a service delivery strategy that aims to reach the most vulnerable populations, may provide an innovative approach to engaging fathers and achieving the parenting, relationship, and self-sufficiency goals of the program.

What Do We Know about Fathers and Home Visiting?

National home visiting models vary in their approaches to promoting father involvement and in the level of guidance to local providers about how to do so. For example, Parents as Teachers has a Fatherhood Toolkit designed as a staff training resource that aims to promote responsible fatherhood.⁵ Early Head Start as a whole (center-based and home-based) emphasizes father involvement to promote positive child development, and two resources—*Building Blocks for Father Involvement*⁶ and *Head Start Father Engagement Birth to Five Programming Guide*⁷—provide guidance to grantees on how to engage fathers. In Healthy Families America programs, father engagement is not a national goal, but many local sites implement father involvement programs.⁸ Nurse-Family Partnership, although explicitly targeting mothers, does welcome fathers' participation and points to some research that the program increases

fathers' engagement.⁹ The National Healthy Start Association's Where Dads Matter initiative has provided support to local sites to make them more father-inclusive, to increase father involvement in program activities and in the lives of their children, and to promote responsible fatherhood with or without marriage.¹⁰ Though not an exhaustive list, these are some examples of how home visiting program models approach the concept of father engagement.

Little direct research evidence exists showing that bringing fathers into home visiting programs increases father involvement or improves children's outcomes, but preliminary research indicates that may be the case. A recent pilot study evaluated Dads Matter, a father involvement service enhancement curriculum designed to incorporate full consideration of fathers in the context of standard home visiting services. Preliminary trends indicated the potential benefit of the Dads Matter service enhancement: (1) improved mother–father relationship quality, (2) increased father involvement with the child, and (3) decreased father-reported parenting stress and child-related problems (Guterman 2012). Other research shows that home visiting may reduce the incidence of intimate partner violence (Sharps et al. 2008), and that father involvement may indirectly promote the success of home visiting; in one study mothers were more likely to remain involved with the program when their partners were engaged in services (Eckenrode 2000).

According to preliminary evidence from an implementation evaluation of the MIECHV-funded Texas home visiting program, many mothers want fathers to be involved in home visiting, and although few fathers regularly attend home visits and program events, the majority of fathers ask mothers questions about the visits and practice lessons from the visits with their child or partner (Child and Family Research Partnership 2014).

These two studies are consistent with the broader literature on low-income fathers, which suggests that many are eager to play an active role in their children's lives. For example, work by Edin and Nelson (2013) showed that many men viewed becoming a father as a turning point in their lives, an event that gave them a sense of purpose and motivated them to create stability in their own lives and in those of their children. Fathers said that a key component of being a father was just “being there” for their children. They longed to spend time with them playing, teaching them new things, and doing things together as a family (Holcomb et al. 2015).

Despite fathers' desires to be involved with their children and the potential benefits of incorporating fathers into home visiting programs, there are a number of barriers to doing so. In a review of an effort to include fathers in Early Head Start, McAllister, Wilson, and Burton (2004) identified several barriers. First, most home visiting programs were designed with mothers in mind, so

institutional structures and organizational philosophies did not easily accommodate fathers. Second, some staff believed stereotypes about fathers, such as fathers were inadequate child care providers and fathers would not want to discuss personal matters and would be interested only in programs with an employment focus. Those beliefs led staff members to emphasize aspects of the program for a generic father instead of individualizing services as they would do for mothers. Third, psychological issues arose for both fathers and home visitors. Many fathers lacked confidence in their ability to be engaged with their children; others felt unentitled to engage if they were not breadwinners. Some mothers and fathers could not overcome preexisting conflicts with each other. Meanwhile, home visitors had difficulty forming strong personal bonds with fathers, which were foundational to the program. The Child and Family Research Partnership study (2014) also identified challenges with being able to engage fathers, including recruitment and scheduling issues and safety concerns for families with a history of domestic violence. However, mothers in that study also reported that flexible scheduling and outreach to fathers could overcome some of the barriers and increase participation.

Those programmatic and psychological barriers to fathers' participation are further exacerbated by the fact that low-income fathers often face additional challenges. For example, they are often not married to the mother of their children, they may not live with their children, and some have children with multiple partners. In addition, many of those fathers have low levels of education and job skills, problems with substance abuse, mental health issues, and some involvement with the criminal justice system (Nelson 2004). Those are the same challenges that are described in the literature documenting barriers to participation in responsible fatherhood programs (Bronte-Tinkew et al. 2007; Martinson and Nightingale 2008; Nelson 2004). Strategies from that literature can inform home visiting programs that want to engage fathers.

Furthermore, many of the intermediate and long-term goals for home visiting programs and responsible fatherhood programs are the same. The ultimate goal for both programs is to improve the well-being of children, and strategies to accomplish that goal include improving parenting skills and addressing the individual and family circumstances that impede parents' ability to provide the stable environment that children need. Both responsible fatherhood programs and home visiting programs that specifically engage fathers also emphasize the importance of developing co-parenting skills and building the economic capabilities of fathers to provide for children. Those similarities suggest that home visiting programs can learn from responsible fatherhood programs and vice versa. Despite the similarities, there are some differences in the context in which the services are delivered. Specifically, home visiting services are delivered in the home and target the whole family—mothers, fathers, and children. In the Strengthening Families Evidence Review, Avellar and colleagues (2011) report that only

a few responsible fatherhood programs include home visits or father–child activities that are the core of home visiting programs. Thus, there may be lessons about the benefits of engaging fathers in a home visiting context that may be useful for responsible fatherhood programs.

The Current Study

In fall 2013, the Office of Planning, Research and Evaluation in the Administration for Children and Families in the US Department of Health and Human Services contracted with the Urban Institute to conduct an exploratory study to document (1) the strategies used by home visiting programs to engage fathers in home visiting services, (2) staff members' perspectives toward father engagement, and (3) the experiences and views of fathers and mothers who participated in the selected programs. The study offers important insights into the role of fathers in home visiting programs traditionally designed and implemented as maternal and child health programs and can offer lessons about involving fathers in fatherhood and family-based programming more generally.

The study used qualitative research methods to explore the following research questions:

1. What methods and approaches do program staff members use to encourage father engagement?
2. What supports, including program philosophies, specialized training, and program resources, do staff members perceive as most useful for recruiting, engaging, and serving fathers?
3. What recruitment and engagement strategies do home visiting programs use to engage fathers? How do these strategies vary for fathers in different situations (e.g., resident or nonresident fathers, first-time or experienced fathers, teen fathers), and why? What types of fathers are perceived as being harder to engage, and why?
4. What are the experiences of fathers in these programs, and what are their motivations for participating?
5. What are the perceived benefits of fathers' participation in home visiting services, according to participating fathers, mothers, and program staff members?
6. What role do mothers play in facilitating or discouraging fathers' engagement in home visits?

This report presents study findings, drawing on qualitative evidence captured through interviews with program administrators, home visitors, and participating fathers and mothers from a diverse set of five home visiting programs in the United States. The study findings can benefit multiple stakeholders, including home visiting program administrators and staff members, program model developers, and

federal and state policymakers. In addition, information on how home visiting programs engage fathers in services has implications for other programs that serve fathers, such as healthy marriage and responsible fatherhood programs.

Chapter 2. Methods

The research team used qualitative research methods to maximize the depth of information collected on the topic of father engagement in home visiting. The study included weeklong site visits to five purposively selected home visiting programs that implement strategies to actively engage fathers. During site visits, the field staff interviewed program staff members and participating parents to gather multiple perspectives on the strategies that programs use to engage fathers and the perceived benefits and challenges. Study participants included 14 senior-level staff members, 36 direct service providers, 40 fathers, and 10 mothers who were matched to participating fathers. To provide additional context regarding program goals and content, researchers also shadowed home visitors to observe their interactions with parents and children in the home.

This chapter describes (1) the steps taken to design the study and to select study sites, (2) the characteristics of the study sample, (3) recruitment and data collection procedures, and (4) the analytic approach used to identify themes across participants to address the key research questions.

Study Design

A review of existing research produced little work on fathers' role in home visiting; rather, most research concentrates on the experiences of mothers and children in home visiting, or on the experiences of fathers in responsible fatherhood programs. The research team aimed to fill this gap by studying the experiences of fathers in home visiting. A qualitative study that uses in-depth interviews is often the best initial research approach in fields with little research evidence. This method allows researchers to deeply understand the parameters of an experience and helps develop hypotheses for subsequent quantitative investigations. In-depth interviews offer the flexibility to capture details that might otherwise be lost in a large survey or other quantitative data collection effort. With this approach, we were able to capture individual fathers' experiences in the programs in their own words.

We sought to understand both how home visiting programs work with fathers and how fathers experience home visiting. That goal led to the choice of interview participants, including program staff members and fathers. We also included mothers partnered with enrolled fathers to understand how mothers perceive fathers' engagement in home visiting. On the staff side, we explored perspectives from both program management and frontline staff members to learn why and how programs decided to expand services to fathers and home visitors' experiences working directly with fathers. We also

aimed to interview a diverse sample of fathers to capture potential differences in experiences, including first-time and experienced fathers, resident and nonresident fathers, and fathers of different ages, races, and ethnicities. Because home visiting programs work with a wide variety of families, speaking with different types of fathers was important for understanding fathers' individual perspectives as well as the potentially different strategies programs used to recruit different types of fathers.

We created four tailored interview guides, one for each group of participants: program administrators, home visitors, fathers, and mothers. The guides are included in appendix A. In a few cases, a staff member acted as both a supervisor and a home visitor, so the research team used items from both protocols in those interviews.¹¹ The research questions drove the development of broad interview topics (e.g., program recruitment, strategies to engage fathers, perceived benefits, challenges, and lessons learned). Within each topic, we developed a set of interview questions and optional probes that interviewers could use to elicit further information. Although interview guides had some overlapping topics, each contained unique items tailored to the specific group. Senior staff provided information about program history and context. Home visitors discussed their own successes and challenges serving fathers. Fathers provided firsthand accounts of their experiences with home visiting and relationships with their children and their children's mothers. Finally, mothers described how fathers' participation changed family and relationship dynamics.

Site Selection

The research team began the site selection process by reviewing existing research literature on father engagement in home visiting, evidence collected from the Home Visiting Evidence of Effectiveness project and the Strengthening Families Evidence Review, and online sources, such as the National Responsible Fatherhood Clearinghouse. Discussions with federal project officers signaled the government's interest and priority areas for site selection. Subsequently, the research team consulted with a small group of research and program experts, including leaders from national associations for home visiting program models, to seek input into the study design and recommendations for potential study sites.

On the basis of the literature review and recommendations from national experts and federal staff, the research team developed a site selection matrix that identified a preliminary list of approximately 25 potential sites and their characteristics. Selection criteria presented in the matrix included (1) demographics of the population served, (2) age range of children served, (3) geography (urban or rural,

census region), (4) home visiting program model and curricula, (5) father engagement strategies (e.g., hiring male staff, providing one-on-one home visits with fathers, offering other fatherhood program activities), and (6) determination of whether the program targeted fathers with certain characteristics (e.g., nonresident fathers). This list was narrowed down to nine sites representing diversity across the selection criteria.

During summer 2014, the research team conducted screening calls with program directors at each selected program ($n = 9$) to collect additional information regarding (1) demographics of the population served (including race, ethnicity, language, program size, age of children served, and eligibility requirements), (2) the local community context, and (3) father recruitment and engagement strategies. On the basis of this additional information and input from federal project officers, the research team recommended to the Administration for Children and Families five sites to include in the study and provided justification for each recommendation. Federal staff reviewed and approved those recommendations before site recruitment.

Recruitment Procedures

Upon receiving federal approval, the research team sent a recruitment e-mail to each selected program to formally invite it to participate. The team conducted follow-up phone calls with program directors to discuss the program's participation and to answer any questions regarding the study. Of the five sites initially selected for recruitment, one site refused because of the timing and competing demands. After that refusal, the team consulted with the federal project officers to select a replacement site that maintained diversity in the targeted program characteristics.

After a program consented to participate, the research team and the point of contact at the program discussed the best process for recruiting parents into the study. Programs had two options: (1) they could provide the research team with contact information for fathers and mothers who were willing to participate in the study, after which the research team would contact parents directly and schedule interviews—to reduce potential burden on staff; or (2) they could contact parents directly to schedule the interviews. Each site expressed more comfort with the second option.

To facilitate that process, the research team provided the program staff with a guide that described the number and types of fathers desired for this study. Across all five sites, the team aimed to recruit a mix of resident and nonresident fathers, experienced and first-time fathers, married and cohabiting fathers, young fathers (at least 18 at the time of the interview, since the study design did not call for

obtaining parental consent for minors), fathers with enrolled children of different ages (infants, toddlers, preschoolers), and fathers with varying levels of involvement in home visiting.

The research team provided sites with sample scripts for recruitment, a parent recruitment flyer in both English and Spanish (if applicable), a one-page project overview, and, if requested, a copy of the participant consent form that explained the study procedures, risks, and benefits. The flyers listed the name of the project, a description of the study, and contact information for the project assistant who could directly answer any questions about the study. According to program staff, most fathers that they attempted to recruit were willing to participate in the study; refusals were mostly because of the lack of availability and scheduling conflicts. Parents who participated in interviews were each offered \$40 as a token of appreciation.

Program contacts also recruited and scheduled the staff interviews and arranged the home visit observations. All interviews and observations were scheduled at the convenience of the participants.

Study Sample

Interview participants included program staff and participating fathers and mothers in each selected program. This section describes each group in more detail.

Program Staff

At each program, the research team interviewed two to four senior-level staff members (i.e., agency directors, program directors and managers, and home visiting supervisors) and four to seven direct service providers. In total, 40 staff members participated across the five sites: 14 senior-level personnel and 26 direct service providers. The latter group included 19 home visitors and doulas, three fatherhood group facilitators, two fatherhood coordinators/home visitors, one community outreach worker, and one assessment worker. The titles and roles of the participating personnel varied across programs because of the unique staffing and structure of each program.

At one study site, interview participants also included staff members from the statewide home visiting network, the state-level fatherhood coordinator, and other site-level program directors. The research team developed a separate protocol to conduct a group telephone interview with those individuals following the site visit to the local program.

Senior-level personnel generally held at least a bachelor's degree, and some had master's degrees or PhDs as well. Almost all senior-level staff members who supervised home visitors were female, with the exception of two. Programs typically had low education requirements for direct service providers, although backgrounds varied widely from high school diplomas to master's degrees. A few home visitors were former program participants themselves, providing an interesting perspective on recruitment and participation. Most direct service providers were relatively new, with one to three years of experience, but a few had held their positions for more than four years. Almost all home visitors were female; only four were male. All staff members hired to work solely with fathers were male, with the exception of one female fatherhood group facilitator.

Fathers

Eight fathers in each of the five sites participated in the study and completed a one-on-one interview, for a total sample size of 40 fathers. Basic characteristics of the father sample are provided in table 2.1. Fathers ranged in age from 20 to 50 years old, but since two of the sites targeted young parents, the average age of participating fathers skewed young at 29. The largest racial group represented was African American; 40 percent of fathers self-identified as African American, and 35 percent self-identified as white. Eleven fathers (28 percent) indicated they were Hispanic. African American fathers were concentrated at two study sites, whereas nonwhite Hispanic fathers were concentrated at two different sites, and at the fifth site, most participants were white. Seven fathers (18 percent) identified as immigrants, with most born in Central America, South America, or Africa. Most Hispanic fathers were proficient in English; only four preferred conducting the interview in Spanish.

Most fathers had limited education, and many struggled with unemployment. At the time of the interview, 68 percent had no more than a high school diploma or General Educational Development (GED) credential, and almost 40 percent were unemployed. A few fathers were actively trying to improve their employment skills through additional education and were enrolled in school; one father was working on his GED credential, one was a junior in college, and a limited English proficient immigrant father was taking English as a Second Language classes.

The sample was less diverse with regard to relationship status and residence with children. Although the research team specifically requested to interview nonresident fathers, only three fathers (8 percent) who participated in the study did not live with their children. Program personnel informed the research team that most fathers were recruited for the study through the mothers. As a result, the vast majority of fathers were living with their children and were in a relationship with their child's

mother. Two of the three nonresident fathers were still in a relationship with the mother and only lived apart for financial or logistical considerations; the third nonresident father was married to someone else but was receiving his own home visits with his child.

Since several programs targeted first-time parents, most fathers (65 percent) participated in the program as first-time fathers and had been involved since before the child's birth or early infancy. At the time of the interview, fathers reported being involved in the program for an average of 21 months, ranging from 1 month to 5½ years. Concurrently, the median age of the enrolled child was 17 months, ranging from three prenatal clients to a 5-year-old. Some fathers viewed their participation in the program as having begun when they were actively participating in a component of the program, such as group activities for fathers, whereas others reported more generally when home visiting services started for the family.

Mothers

To capture mothers' perspectives on fathers' participation in home visiting, the research team conducted interviews with two mothers at each of the five sites (10 mothers total). Those mothers were matched to the fathers interviewed, so each site had two matched sets of parents, or mother–father dyads. Mothers ranged in age from 19 to 30, with an average age of 23. Five self-identified as white or Caucasian, four were African American, and one did not identify her race. Two were Hispanic, including one mother who also self-identified as white and one mother who was also African American.

TABLE 2.1

Descriptive Characteristics of Fathers in Study Sample (N = 40)

	<i>N</i>	%
Residency		
Resident father	37	93
Nonresident father	3	8
Relationship status		
Married to target child's mother	12	30
Married to other	1	3
Not married, but in a relationship with target child's mother	23	58
Not in a relationship	2	5
Widowed	2	5
Parenting experience		
First-time father when entered the program	26	65
Experienced father when entered the program	14	35
Has other children with same mother		
Yes	16	40
No	24	60
Has other children with different mother		
Yes	7	18
No	33	83
Employment status		
Employed	25	63
Unemployed	15	38
Enrolled in school		
Yes	3	8
No	37	93
Highest level of education completed		
Less than a high school diploma	9	23
High school diploma/GED credential	18	45
Postsecondary vocational training	2	5
Some college	8	20
Associate's degree	1	3
Bachelor's degree	2	5
Race		
Black	16	40
White	14	35
Hispanic, not white	7	18
Mixed	3	8
Hispanic		
Yes	11	28
No	29	73
Immigrant		
Yes	7	18
No	33	83
Interview language		
English	36	90
Spanish	4	10

Data Collection Procedures

Teams of two experienced, qualitative researchers (one senior researcher and one research assistant) conducted each site visit. The site visits lasted four to five days and occurred between November 2014 and February 2015. The visits included one-on-one and small group interviews with program staff members and one-on-one interviews with fathers and mothers. All staff member interviews occurred in a private room on site. Parents chose to conduct the interview at their homes or in a private room on site, provided by the home visiting program. The team also shadowed home visitors during home visits in which the father was present. Parents who participated in interviews were different from those whom we observed.

The field team conducted senior-level personnel interviews one-on-one using the interview guide designed for program administrators. The guide asked for details about the program's history, philosophy, structure, and components to better understand how decisions were made to involve fathers in home visiting activities. Supervisors/coordinators were asked to discuss their experiences training and working with home visitors on how to engage fathers, and where they had experienced challenges and successes.

Direct service providers participated in either one-on-one or small-group interviews with two to three staff members, depending on scheduling logistics and the home visitors' preferences. The field team used the home visitor protocol to collect information on these respondents' direct experiences working with fathers and their perceptions and views on father engagement.

Individual, in-depth interviews with fathers addressed a range of topics related to their participation and individual circumstances, including their relationships with their children's mothers, their involvement with their children, their unique struggles being a father, their experiences in the home visiting program, and what supports had helped or could help them be better engaged in their children's development. Interviews with mothers provided the opportunity to collect data on multiple perspectives on fathers' engagement in home visiting programs.

During each interview, the lead researcher obtained written consent and conducted the interview. However, because of scheduling constraints for several parent participants in one program, the field team separated and conducted interviews separately in rooms provided on site. With the permission of the respondents, the team audio-recorded all interviews. The assistant also used a laptop to take verbatim notes during staff interviews, which they cleaned after the site visit using the audio-recordings to confirm statements. The assistant did not use a laptop during parent interviews because

of concerns about (1) safety in the field, (2) building rapport with parents when a laptop was used to record their responses, and (3) the feasibility of taking accurate notes when potentially needing to manage traffic in the home and assist with young children during the interview. Instead, assistants took targeted handwritten notes when possible, and if parents gave permission to audio-record, an external transcription service fully transcribed the interview. In instances where participants did not consent to the audio-recording, the field team took more detailed handwritten notes. At one site, two fathers and one mother refused to be audio-recorded. In one instance, a staff member was unavailable on site, so the team conducted the interview over the phone after the site visit.

In addition to interviewing program staff and clients, the lead researcher shadowed home visitors during home visits in which fathers were expected to participate. The observations included different fathers from those who were interviewed and provided the team with an opportunity to observe the content of the visit and interactions between the home visitor, parents, and child to give context to the study's exploration of how home visitors engage fathers. To minimize researchers' presence at the home visit, only one researcher shadowed at a time. Following each observation, the researcher filled out an observation information sheet that captured qualitative information about the visit, such as topics covered, how the home visitor engaged the parents in the conversation, and parents' questions and concerns.

Field teams at each site attempted to conduct two observations, but at two sites, both home visits were cancelled (either by the parent directly or because the parent could not be reached); and at a third site, one visit was cancelled. Those observations could not be rescheduled during the site visit because of scheduling difficulties. Therefore, field teams completed only five observations in total.

Analytic Approach

Following each site visit, the field team conducted a debriefing and began cleaning and organizing interview notes. Each field team developed a brief site visit summary that captured key information about the program visited, what occurred on the site visits and any deviations from protocols or planned interviews, and emergent themes. The larger research team regularly met during the course of data collection to share and discuss field experiences. The team debriefings served both as checks of the research protocol, allowing an opportunity to adjust field procedures as necessary, and as an opportunity to discuss emergent themes across sites.

Upon completion of data collection, the research team coded and analyzed interview data using NVivo 12 (QSR International Inc.), a software program designed to assist with qualitative data management and analysis. NVivo offers functions that support the coding, classification, sorting, and comparing of text units, from which users can draw conclusions about relevant themes within and across sites, as well as within a particular group of respondents (e.g., fathers) and across all types of respondents.

An initial qualitative coding structure included a mix of a priori codes—which captured the key topic areas and subtopics identified in the research questions and the interview guides (e.g., father engagement strategies, challenges to father engagement)—and emergent codes identified during the team debriefings and in the site visit summaries (see appendix B). For example, one research question is “What are the experiences of fathers in these programs, and what are their motivations for participating?” The second part of this question was operationalized in the fathers’ interview guide through multiple questions, including “What did you think of the program when you first learned of it?” and “What were you hoping to get out of the home visiting program?” These interview questions were represented in the coding scheme as an umbrella code “Recruitment and retention” and subcodes, including “Fathers’ initial impressions of program” and “Fathers’ motivations for participating.”

The three research assistants who helped with data collection coded the interview data. One assistant took the lead in coding the staff member interviews, while the other two assistants divided up and coded the parent interviews (40 fathers and 10 mothers). Before beginning coding, the senior researcher who developed the coding scheme trained the assistants on the coding scheme and checked their reliability—percentage agreement in assigned codes. The senior researcher double-coded the first few staff and parent interviews with the corresponding assistants until they obtained at least 90 percent agreement in coding. The group met to discuss questions about the codes, discrepancies in assigned codes, and any necessary adjustments to the coding structure. Those reliability checks showed that the coding scheme was working well; they made minimal changes to the initial coding scheme. To monitor reliability and potential drifting during the coding process, the senior researcher coded every fifth interview that each assistant coded.

After coding was complete, senior researchers, including the project’s principal investigators, began a second level of analysis to identify key themes and findings, both within and across each respondent category (e.g., home visitors). They organized those themes, identified supporting quotes, and shared with the research team to ensure agreement about the theme. To connect to the example above, one researcher aggregated all the text coded to “Fathers’ initial impressions of program” and pulled out recurring themes such as fathers’ initial hesitation toward the program. The final analytic steps involved

comparing and contrasting themes for subgroups of fathers (e.g., first-time versus experienced fathers) and exploring patterns and relationships among the themes identified in the descriptive analysis.

Chapter 3. Descriptions of Study Sites and Program Context

Each of the five home visiting programs that participated in this study is unique in its structure, setting, and services. This chapter provides an overview of the five study sites and discusses in detail their program history and structure, populations served, staffing, and staff training. This information on program context, summarized in table 3.1, provides a foundation for subsequent chapters that detail study findings. Sites are not named to protect the confidentiality of study participants.

TABLE 3.1
Program Descriptions

Site	Model	Primary client	Urban or rural	Age of targeted children	Program size ^a	Staffing related to father involvement
1	Healthy Start, Nurse-Family Partnership, and state-funded model	Mother	Urban	0 to 3 years old	Large	Male involvement coordinator; male 24/7 Dads facilitators
2	Healthy Families	Mother or father	Rural	Prenatal until 3 years old	Medium	No specific fatherhood staff
3	Parents as Teachers	Mother	Rural	Prenatal until 5 years old	Small	Fatherhood coordinator
4	Healthy Start	Mother	Urban	0 to 2 years old	Small	Fatherhood coordinator/home visitor for fatherhood program
5	Hybrid model of Healthy Families and Parents as Teachers	Father	Urban	0 to 5 years old	Small	Two male father home visitors

Note: Site 4 also had a father's home visiting program that was not structured around a particular model.

a. Small = <100 families; medium = 100–500 families; large = >500 families.

Each program's approach to engaging fathers was developed within the context of the organization's history and mission to serve low-income families with young children, and not all adhere closely to a specific home visiting model. All five sites served primarily high-risk populations that faced a variety of challenges related to income, employment, housing, transportation, mental health, trauma, domestic and substance abuse, incarceration, learning disabilities, transience, and access to resources and services. Staff members received extensive training on a variety of topics, such as cultural competency, mental health, substance abuse, child development, risk screenings and assessments,

physical and sexual abuse, motivational interviewing, safety training, and family planning. However, sites varied as to which staff members received father engagement training. Staffing largely depends on whether the program has a separate fatherhood program or incorporates fathers into the maternal home visiting program.

Site 1

Site 1 offers home visiting services through three different home visiting models: Healthy Start, the Nurse-Family Partnership, and a state-funded model. The Healthy Start program is the longest running of those three models and was developed to address health disparities in the community, with a particular focus on infant mortality. More recently, the organization received funding to provide home visits through the Nurse-Family Partnership and a state-funded home visiting model. Although the agency's roots are in maternal and child health, program leaders over time began to recognize the importance of fathers in the health outcomes of children, families, and the community; anecdotally, children reportedly had better outcomes when fathers were involved. About 10 years ago, the program hired a male involvement coordinator as the start of a more concerted effort to include fathers in service delivery with the goal of improved overall family health and well-being. Program leaders highlighted that they went from interfacing with 20 men a year about seven years ago to now interacting with 200 men a year. At the time of the site visit, the program was proud to have 5 male staff members out of approximately 50 staff members. Over the course of the past 10 years, father engagement has become integral to the organization as a whole. As the director put it: "Men are not tangential. Men are part of healthy baby, healthy family, healthy community."

Staff members engage fathers in home visits with mothers if they are present and are willing to participate. The organization also offers two distinct programs for fathers: a 24/7 Dads program and a monthly fathers' group. The 24/7 Dads program began over a year ago and uses the 24/7 Dads curriculum. That curriculum, developed by the National Fatherhood Initiative, has 12 sessions. Fathers meet with 24/7 Dads facilitators one-on-one, in groups in classroom settings, or on retreats. At the program's request, the National Fatherhood Initiative has worked with the program to make minor adjustments so fathers with low literacy can participate. After completing the 24/7 Dads curriculum, fathers often join the monthly fathers' meeting, which alternates between a skills meeting (covering such topics as health, finance, and relationships) and an activity, such as attending football games or going bowling. The monthly fathers' group was established many years before the 24/7 Dads program, so it is open to men who have not gone through the 24/7 Dads program as well as those who have.

Average attendance for the monthly group meetings is between 9 and 14 fathers, while the roll lists about 40 fathers. Those who participate in either the curriculum-based 24/7 Dads program or the monthly fathers' group are not required to have a child enrolled in home visiting, although many do.

Although Site 1 has no income eligibility requirements for its state-funded program—meaning it can serve mothers from any economic background—the program serves primarily low-income families; its Healthy Start program targets zip codes with high rates of infant mortality. The staff estimated that about 60 percent of the families are African American, 25 percent are Hispanic, and the remaining 15 percent are Caucasian or “other.” Although the staff estimated the age range to be anywhere from 18 to 69 years old, the vast majority of engaged fathers are, on average, 21 to 35 years old.

At Site 1, the 24/7 Dads program includes two male and one female 24/7 Dads facilitators, each of whom has a background in social services and education. The male involvement coordinator, who has a master's degree, runs the monthly fatherhood meetings and supervises agency-wide fatherhood initiatives and training. The program also has a male community outreach worker who conducts phone calls to keep fathers engaged. All fatherhood staff members have at least a bachelor's degree and at least three to five years of experience working with fathers. The staff for the home visiting program that targets mothers is all female. Many staff members are from and have ties to the communities they serve. Some of the female home visitors are nurses, whereas others have bachelor's degrees. Home visitors have an average caseload of 80 to 100 families.

All home visitors receive training on engaging fathers, provided by both the male involvement coordinator and external fatherhood experts. That training aims to help home visitors engage fathers, particularly by addressing home visitors' personal relationship histories or experiences with men that might prevent them from fully engaging with fathers. The program has recently begun a new staff orientation for all staff members that includes a fatherhood orientation with the male involvement coordinator. All 24/7 Dads facilitators receive an initial eight hours of training for the curriculum and are certified on that curriculum. The site also holds an annual interagency conference on fatherhood.

Site 2

The Healthy Families program at Site 2 is a part of a larger community action council that focuses on economic self-sufficiency. The home visiting program itself aims to provide resources and support to prevent child abuse and neglect, particularly among teen parents. The program is also a part of a statewide home visiting program, which has had fatherhood initiatives since the mid-1990s. In 2010,

the statewide home visiting program began instituting a performance measure related to father engagement, requiring local programs to report the percentage of families served each year in which fathers participated in one or more home visits. That requirement has led to a strong push toward greater father engagement. As the program director explained, father engagement is “ingrained in the program” and integrated into each staff position. Instead of hiring one fatherhood coordinator or male home visitor, all staff members are expected to engage fathers when possible through home visits with mothers. To ensure that all staff members engage fathers, the program director is up-front when hiring staff about the expectation that all staff members will work with fathers; she asks candidates directly about their comfort level working with fathers.

Previously, the home visiting program at this site targeted primarily first-time parents younger than 20 years old but recently expanded to include any first-time parents. Many of the parents are from the foster care system and lack a family support system. The majority of families are already involved with child protective services at the time of intake, and many have substance abuse and mental health problems and learning disabilities. Families are primarily Caucasian and Hispanic, with a few African American families.

Both mothers and fathers are eligible to be primary participants if they are not cohabiting, so they can each receive their own services and home visitors. Fathers can be secondary participants as well, although they then cannot receive home visits without the mother present. Home visitors use a variety of curricula, such as Just in Time Parenting, Learning Games, and Nurturing Families, and conduct visits at varying frequencies, depending on the age of the child. For example, families receive visits every other week until the baby is born and then weekly until the child is six months old. The ideal caseload for home visitors is 15 families.

The staff includes seven full-time home visitors, two full-time supervisors, and the program director, all of whom are female. Home visitors’ education levels range from a high school diploma to a bachelor’s degree; two home visitors are former program participants. The supervisors and the program director are required to have a bachelor’s degree, and two of them also have their master’s. Although the program is working toward requiring at least an associate’s degree for home visitors, the program director explained that it is difficult to attract people with higher education because of the low salary.

The program had previously employed two male home visitors who were assigned typical caseloads and did not work specifically with fathers; one male home visitor was a former program participant. However, those men were young at the time, and the program found the level of responsibility and maturity required for the job exceeded their abilities. Program leaders were interested in hiring more

men, but they wanted seasoned professionals with a specific skill set and training to deliver services effectively.

Site 2 provides 26 days of training to staff, some of which touches on fatherhood topics. The program trains staff on the Nurturing Families curriculum, which also includes information on fathers. Additionally, the statewide fatherhood coordinator provides optional fatherhood training to home visiting programs within the statewide organization. That training covers both father engagement and co-parenting. If a particular site within the statewide organization struggles with engaging fathers, the statewide fatherhood coordinator will provide technical assistance to strengthen this component.

Site 3

Home visiting services at Site 3 are housed in a larger community organization that provides health care and social services locally under a broader state agency. The organization offers three separate home visiting programs using different models; however, for the purposes of this study, staff and clients from only one program participated in interviews. This program implemented the Parents as Teachers model. Its mission, as described by staff of the focal home visiting program, is to support teen parents in learning how to parent and set goals that help their children feel secure and safe.

Site 3 targets young, first-time mothers ages 13–19. Program leaders estimate that 90 percent of the families served are low income. The participating families are roughly half Caucasian and half African American, with a few Hispanic and multiracial families. The population faces similar challenges as Site 2, including lack of family support and mental health issues, as well as histories of physical and sexual abuse. Staff members emphasized that the parents are often challenged in dealing with the more basic aspects of parenting and their own health because of the lack of maturity and life experience at such young ages. Fathers, in particular, face challenges, including incarceration, gang involvement and gang violence, and limited education.

The focal home visiting program, which targets primarily mothers, includes five female home visitors and two female doulas, with average caseloads of 13 to 17 families, although caseloads are weighted by the intensity of visiting schedules. The home visitors all have previous experience with early childhood programs with varying levels of education. Both doulas and home visitors conduct home visits with mothers, children, and, if present, fathers. Doulas and home visitors each provide alternating biweekly visits during the seventh month of pregnancy, so the family receives a weekly visit. After a

combined visit during the eighth month, doulas exclusively provide weekly visits until the child is two months old, at which point the home visitor transitions back to providing the home visits.

Since the program began efforts to involve fathers a few years ago, fathers had been served through home visits with mothers and children and through a separate father support group open to fathers whose children were enrolled in any of the three home visiting programs. The father support group used to meet weekly and used the 24/7 Dads curriculum, supplemented with the Parents as Teachers curriculum. More recently, program leaders decided to graduate those fathers from the original father support group who had been participating for several years to provide space for new fathers. At the time of the site visit, the fatherhood coordinator who led the support group was having difficulty recruiting a new group of fathers for the next iteration of the group. As a result, he was providing individual home visits to fathers either during mothers' home visiting times or separately. Although the program was conducting father-oriented home visits, program staff explained that this practice was temporary, and the ultimate goal was to reinstate the father support group and to structure that group as a short-term fatherhood training program going forward. The program's fatherhood coordinator, a man, leads the fatherhood services, including the father support group and informal home visits with fathers.

Staff members must attend a one-week Parents as Teachers training course and other training provided by the statewide umbrella organization, both of which cover father engagement. The fatherhood coordinator receives online training through the National Fatherhood Initiative. As helpful as staff members said those training course are, program managers emphasized the importance of firsthand experience.

Site 4

The umbrella organization at Site 4 works to address racial disparities in health and birth outcomes. It provides home visiting under the Healthy Start model, which invites fathers to participate in home visits. Home visitors primarily use the Partners for a Healthy Baby curriculum to deliver up to nine home visits prenatally and up to nine home visits postpartum. The curriculum covers content related to having healthy relationships, becoming a new father, and accepting pregnancy for fathers. Program staff members are housed at a clinic, which offers additional resources for home visiting clients.

Program leaders pushed for funding to support fatherhood program activities, because they recognized that children's outcomes improve when fathers are involved. After receiving the funding,

the program hired a fatherhood coordinator to develop a program that focused on strengthening the ties between children and fathers, improving the father's relationship with the child's mother, and improving the father's health. The fatherhood program includes father-specific home visits and group activities for fathers, including father-only outings, father-child outings, sports events, barbershop talks, and group meetings. The fatherhood program does not adhere to a strict curriculum; it uses 24/7 Dads and the Effective Black Parenting Program as templates. The fatherhood coordinator conducts the home visits with fathers whose children's mothers are enrolled in Healthy Start, with visits scheduled as needed, ranging from weekly to monthly. The other fatherhood program activities (group meetings, outings, etc.) are open to any African American father in the county with a child under the age of 2. The fatherhood coordinator estimated that in the past year 45 men have been served through home visits; 70 men participated in sports activities, such as flag football; and 100 men participated in the group meetings. He also estimated that 85–90 percent of the fathers are well below the federal poverty line and face challenges related to incarceration, physical and sexual abuse, and depression.

With regard to staffing, the Healthy Start home visitors are all female and are required to have at least a high school diploma; experience as a parent or with children is preferred. A full caseload for the home visitors is 35 families. The fatherhood coordinator provides home visits to fathers and manages the day-to-day operations of the fatherhood program. The organization recently hired a male community health worker to provide home visits for fathers specifically and also recently received a grant that added a half-time male therapist who offers free services to fathers.

Home visitors for the mother-focused home visiting program do not receive training on father engagement but instead depend on the fatherhood coordinator for guidance and information. One home visitor explained: "Most of it is life experience and how we deal with men in our own life. Since [the fatherhood coordinator] is the only man on our team, we can ask him if we don't know how to approach [the father]." These home visitors receive a variety of other training, including a weeklong Healthy Families America training course, training to become certified community health workers, and training on men's health. The fatherhood coordinator at this site received his initial training by shadowing the home visitors; he has also been trained in the Effective Black Parenting Program curriculum and annually attends the National Fatherhood Initiative conference and the state fatherhood workshop.

Site 5

Site 5 was founded as a health clinic focused on bilingual service provision for pregnant mothers and their children. Over time, the overarching organization has expanded to provide comprehensive health, social, and education services to families, with the particular goal of serving immigrants. Among its array of services, the program offers both maternal and paternal home visiting programs. Broadly, staff members describe the mission of the home visiting programs as promoting attachment between the parent and child and preventing child abuse and neglect. The maternal home visiting program loosely follows the Healthy Families model but also incorporates aspects of the Parents as Teachers model; the staff emphasized the benefit of flexibility in their hybrid model as key for working with fathers. As staff members explained, the Healthy Families model emphasizes supporting the entire family and assessing both parents. As a result, the program initially focused on integrating the fathers of enrolled children in home visits even before the creation of the dedicated father home visiting program. Having found it difficult to adequately serve fathers during mother-focused home visits, the program applied for and received funding to develop a separate father home visiting program five years ago.

The program recruits fathers through mothers who are engaged in maternal home visiting services or other services through the larger organization. The program also receives referrals for fathers from outside community partnerships and through community-based networking. Fathers are eligible to participate in the father home visiting program if they have a child under age 5 and live within the local city limits. As a result, in some families, both the mother and father are receiving their own home visiting services, whereas in other families, fathers are the only ones receiving home visits. Recently, the site applied for and received a grant to expand its father home visiting program to serve fathers involved in the local child protective services system. CPS caseworkers refer fathers to this new program.

The population of fathers served is largely Hispanic, with many participants from Central and South America, although a growing number of African Americans are participating. Central challenges facing fathers in this program include the lack of affordable housing and stable employment that can support families living in the relatively costly urban area that the program serves.

Broadly, the father-oriented home visiting program aims to build father–child attachment and to provide fathers with an economic ladder supporting individual needs, such as housing and employment. The frequency of home visits is according to level of need, ranging from weekly to quarterly. Although children are usually present during visits—since home visitors screen children for developmental delay and track their progress—some visits are with only the father. Mothers are welcome to join visits as well. The program draws on variety of curricula, including Ordinary Miracles, 24/7 Dads, InsideOut Dad,

and the Chicago Parent Program. It also offers weekly sports activities and occasional family events for all enrolled fathers.

Site 5 has two male family service workers who provide home visits to fathers. Their average caseload is between 20 and 25 fathers. The supervisor of these two caseworkers, also male, is a part-time home visitor and part-time supervisor, with a caseload capped at 20. He explained that he looked for staff members who would be engaged in and enjoy the work, rather than personnel with particular educational backgrounds. The home visitors have different educational backgrounds; one has no college degree and the other has a master's degree.

As part of the cultural competency training and family support training, all home visitors in the larger organization learn about engaging fathers. Although the core training is the same for all home visitors, staff members working specifically with fathers also receive additional curriculum training specific to their work. Home visitors in the fathers' program also attend professional development conferences, including the Fathers and Families Coalition of America's annual national conference.

Chapter 4. Home Visiting Approach: Joint vs. Father-Centered

Visits to local sites revealed how home visiting programs vary in their approach to engage fathers, specifically whether programs integrated services for fathers within the context of home visits for mothers or offered separate home visiting services for fathers independent of mothers. For Sites 1, 2, and 3, father engagement in home visits occurred within the context of maternal-child home visiting. Participating fathers did not receive separate home visits; instead, home visitors sought to engage fathers in the context of visits focused on the mother as the primary client. By contrast, at Sites 4 and 5, fathers received home visits separately from mothers. At Site 4, mothers were still the primary target client at the point of enrollment, but at Site 5, the home visiting program was designed to specifically serve fathers.

There appeared to be no programmatic reason for this difference in approach across sites—in particular, the choice of whether to have separate home visits for fathers did not appear to be driven by the home visiting program model. Rather, the choice appeared to be more connected to program resources, philosophy, and populations served. Further, the choice had significant implications for the structure of home visits, their goals, and the program design more generally.

This chapter describes those two distinct approaches and how they differ with regard to fathers' participation in the visits and the content delivered. This discussion draws on both interview data and observations of home visits.

Programs Focused on Maternal-Child Home Visiting

Three sites—Site 1 (Healthy Start), Site 2 (Healthy Families), and Site 3 (Parents as Teachers)—chose to engage and work with fathers in the context of maternal-child home visits. The program models are different, but the families served are similar. In two cases (Sites 2 and 3), the target population is teenage parents, with a high percentage of unmarried fathers. Program staff did not cite the age of the fathers as a reason for providing joint visits, but the unique needs of teen parents influenced the way that programs framed their services. Site 2, for instance, framed its program around family participation broadly, and staff saw integrated home visits for mothers and fathers together as part of that vision; as

one staff member said, “I think we can reach more families and dads if it’s integrated.” Similarly, Site 3 framed father involvement in maternal home visits around strong family bonds.

The goal is to allow the families the opportunity to share their experiences...The way I look at it is that you have Mom, and then Mom sitting with father of baby, and then the baby, and they’re this family unit...For that one hour [of home visiting] they push pause and focus together.

Young parents are more likely to be unmarried and live apart. Interviews suggest that having joint visits emphasizes the family bond of the young parents more so than separate visits with each parent would have. As one staff member said, “With teen parents, a lot of them have idealistic views of how their lives are going to turn out. If we can integrate the dad and provide those supports, it helps the whole family.” Thus, it may be that connecting the father and mother through joint visits is more beneficial when the developmental immaturity and instability of relationships are more likely to draw them apart.

Father Participation in Maternal Home Visits

By including fathers in maternal home visits, home visitors have the ability to connect with any father or current partner who is present in the mother’s life, but according to staff interviews, only a few fathers regularly attend home visits. Quantifying fathers’ participation in home visits proved difficult, as most programs do not systematically collect these data. Site 2 collects some information on participation rates, and staff reported that up to 50 percent of fathers participate in at least one home visit each year—a performance benchmark that they track. However, defining “participation” is left to the discretion of individual home visitors.

Home visitors and the parents themselves explained the varying levels of participation in multiple ways. For many home visitors and parents, scheduling home visits around both parents’ schedules is difficult to do. Fathers often work nonstandard hours and shifting schedules; some are enrolled in school. Even young fathers who are not in school are juggling multiple part-time jobs. (Strategies staff used to work around schedules are discussed in chapter 6.)

Staff cited the immaturity of young fathers as an additional explanation. This challenge is discussed further in chapter 8. The rollercoaster nature of teen relationships and teen fathers’ struggle with the transition to parenthood make them less likely to attend home visits regularly. One home visitor put it succinctly: “[The father] is not ready to grow up.” That may mean that those fathers would be difficult to engage no matter the format of home visits; it certainly appeared to make it difficult to engage some of those fathers in integrated home visits.

Additionally, fathers' perceptions of maternal-focused home visits as "not for them" may have contributed to lower levels of participation. One father explained his impressions of the program: "I just figured it was something to help [my girlfriend] and give her an idea of how it was going to be." Although this father was involved in home visits, attending about half of the visits by his count, he still framed it as a program for the mother. That perception is somewhat accurate; these are programs that began explicitly as maternal-child home visiting programs and that have only more recently grown to include fathers more aggressively. It does not mean, however, that fathers have not been adequately served, or have been served more poorly than in programs with separate home visits for fathers. Fathers at these sites reported positive experiences when they participated in home visits with the mother, and home visitors and other staff members reported significant benefits for fathers and the families as a whole from father engagement. (Those benefits are presented further in chapter 7.) Fathers built good relationships with their home visitors, often viewing them in the role of caring instructor or even parent figure. As one father said,

Well, we were shy at first, because anybody would be with a stranger in the house. Now, we could pretty much talk to [the home visitor] about almost anything. It's not just a home visitor. She's more like a friend...she's very motherly and very comforting.

The research team observed very positive interactions between home visitors and fathers during shadowed home visits in these programs; fathers were present with mothers and engaged in conversation and activities. The perception that the program is not really "for them," however, may lead fewer fathers to be directly engaged to build these relationships. The next section further discusses the content of the home visits in programs using an integrated approach.

Additionally, it is worth highlighting that two of the programs using an integrated approach (Sites 1 and 3) had father support groups and other activities for fathers as part of the organizations' fatherhood engagement efforts, and program staff used home visits as a way to advertise and recruit fathers for those groups and activities. Specifically, home visitors in those programs asked mothers about fathers at intake and collected contact information for them, if appropriate. That procedure allowed the home visitors to direct information about fatherhood activities to the fathers and to connect their colleagues (i.e., fatherhood coordinators) with the fathers. One home visitor explained the process:

At the intake we talk about father engagement. We ask if [the mother] would like the father to be involved, offer to meet in a neutral location. We really try to explain the benefit of it. We always leave the door open.

So although fathers did not receive their own home visits, complementary program activities specifically targeted fathers.

Content of Maternal-Child Home Visits

In joint home visits, the content is very similar to that of mother-only home visits and closely follows the program curricula with some enhancements and modifications. Home visitors supplement the curricula with father-specific information and emphasize certain topics, such as co-parenting and how partners can support during labor and delivery and with breastfeeding. In joint home visits, home visitors plan out specific lessons for the home visits, on the basis of both the schedules set out in the curricula and family circumstances. Thus, the joint home visits mirror maternal home visits, but with a point to include activities and information for fathers. The focus is on the family as a whole, with activities designed to teach parents about child development and parenting. As one home visitor described,

I bring in father engagement curriculum right off the bat. We have some father curriculum here that talks about why a father plays an important role in the child's life; it also talks about respecting their partner and the mother of their child—good communication. I always bring that in and try to do a bit of that each visit.

When the child comes, I always try to bring something that the dad would like to do, especially when the child is over a year [old]. I highly encourage the moms and dads with literacy. I will sit with the dad and explain how you bring a different type of flavor by reading to the child than the mom. If the mom is nursing, this is an activity that the father and child can have together: reading. It helps with the bonding and attachment.

Goals are frequently set for both fathers and mothers, allowing for individual attention and services. One home visitor explained,

At the end of every home visit, I'll say what we did today and [ask], "What would you like to do at the next visit." We review the goals a lot, too. I will also say, "Here's a little homework," and we'll talk about that and [I'll] praise them when they do well. I really think a lot has to do with the relationship and including the mom in it. Keeping them as a couple.

Another home visitor explained the program's goal for fathers as follows: "Letting [fathers] know they have something special that the mom can't offer that's unique and special to them. Trying to engage them in whatever way makes sense for their program. It helps the families." During observations of those home visits, fathers were interested and engaged in the material presented and participated in setting goals and other activities.

Home visitors also make an effort to refer fathers to needed services; one father commented, "If I said I needed anger management, she'll give me 20 different [telephone] numbers, I think." Home visitors periodically screen clients for depression, domestic violence, and other risk factors and regularly assess children's development. As one father said, "A typical home visit around here is: our home visitor comes in, talks to us, plays with the kids, makes sure they're all healthy." Other fathers also

noted the home visitors' focus on observing parent–child interactions. Fathers and mothers responded positively to this approach. “I want the best for my kid,” one father said, “so if they see something wrong with my kid, I would like for them to tell me what’s wrong.”

Programs with Father-Centered Home Visits

The other common program structure observed at two study sites was father-centered home visits. At Sites 4 and 5, fathers receive their own home visits instead of participating in joint visits with mothers. Home visitors who work with fathers are exclusively male and serve as mentors to fathers—a theme we discuss in more detail in chapter 6. The choice of program structure does not seem tied to program model, as both the Healthy Families America and Parents as Teachers programs chose this delivery method. Rather, the impetus came out of efforts to expand services for fathers and the program’s philosophy for how those services should be delivered. Staff at these sites saw the need to reach out and work with fathers more directly and believed that direct service provision to fathers was the best way to accomplish that goal. As one program director said, “We decided...we could adapt a process by which we could get men into the program not just by normal outreach methods....We need to go where the men are. That was the genesis of trying to develop a male home visitation program.” At another program, a home visitor echoed that idea:

[The home visiting director] and I were talking about fathers and I said, “This is another component we need to add.” Because every program is so focused on mothers. But then you see the absence of fathers in the home, and they’re not given the same services mothers are given to enhance their parenting skills.

Staff members in these programs were concerned that existing home visiting programs for mothers and children were not reaching men and that specialized services were needed. As one staff member said, “In our other programs, even though they are family-centered, a lot of the time it’s a mother who’s enrolled. We have to drill down to engage fathers.” Many of the men they serve are distrustful of perceived government authority or involvement and are often more difficult to reach through mothers alone: “There were men who knew they were important in the life of their kids but didn’t know how to be involved and didn’t know or trust the resources.” By building one-on-one relationships with fathers and individualizing services to fathers’ unique needs, these programs believe they can better improve outcomes for fathers than if staff engaged fathers as secondary clients in home visits with mothers.

Father Participation in Father-Centered Home Visits

In absolute numbers, the two father-centered home visiting programs that participated in the study serve a small number of fathers, only 15 and 40 fathers, respectively. By comparison, the maternal home visiting programs have caseloads of women numbering in the hundreds. The programs reported not having enough staff members to handle larger caseloads of fathers.

In general, home visits occur weekly to monthly; in many cases, contact between fathers and home visitors also occurs outside of scheduled visits. One home visitor commented on the frequency of his interactions with clients: “Some once a week, some once a month. Some every other week. One guy calls me every day.” The relationships built are close; as one father said, “I wasn’t expecting for him to be a friend. I was just expecting him to come show me different ways to deal with my son and that’d be it, but it actually turned out a lot different; a lot different.” Another said, “Every time I see [the home visitor], I don’t know. It makes me feel more—I don’t know. It just puts a smile on my face.”

That is not to say that home visitors do not form strong bonds with fathers at other sites where home visits include both the mother and father. Several parents at those sites referred to their home visitors as friends or even parental figures, in the case of teen parents. Yet the relationship in father-centered home visits is frequently conceptualized in different ways; rather than an instructor or parent, the home visitor is often viewed as a peer mentor. In fact, staff members and parents at both of these sites (Sites 4 and 5) used the term “mentor” to describe the home visitor, with one father describing his relationship with the home visitor this way: “He’s like support when I need him. I can call him anytime and talk to him about anything that’s going on. He’s like a good friend.”

In general, having separate home visits for fathers appears to make it easier for fathers to engage in the program by having only one schedule to work around. One father had previously participated in a different home visiting program with joint home visits before switching to one with separate home visits for him, and he commented on the easier access of separate home visits: “I was always working double, two jobs, so I didn’t have time to be there with [mother]....Now it is easier for me.” However, it may still be challenging to find regular times to meet, with many fathers working changing shifts or a third shift. For families living in significant poverty, frequent emergencies also make scheduling visits a challenge; some fathers experience homelessness, for example. Thus, regular participation in home visits is by no means ensured, even when separate home visits are made for fathers.

Finally, it is important to note that although fathers at these sites receive their own home visits targeting their needs, mothers are not excluded from joining those visits. At Site 5, mothers often sit in on home visits with fathers, and vice versa. In some cases, mothers have discontinued their participation

in maternal home visiting or have never participated in home visiting themselves. Male home visitors from that program mentioned being open to having mothers join even though their primary focus is on the fathers. Mothers at Site 4, however, are less likely to join in fathers' home visits. As one father said,

She has her business, I have mine. In between, when her and [her home visitor] come here, I take the kids, I go upstairs and watch a movie or play with them, while she's down here taking care of her business....If [the fatherhood coordinator]'s here, and she's got nothing to do, she'll take the kids or she'll [say], "Oh, I'm going to sit in on this one."

Content of Father-Centered Home Visits

Home visits with fathers are not necessarily very different from the way mother-centered home visits are planned, but the emphasis on achieving self-sufficiency and personal responsibility appears greater. The general goal is to improve the life of the father as a whole—as a parent, a provider, and a member of the community—and thus visits heavily require individualized case management. Male mentors help fathers with job hunting and finding housing and transportation, in addition to teaching fathers about child development, so fathers feel they are being good providers for their families. At Site 5, for example, home visits alternate weekly between one-on-one sessions focused on fathers' personal goals and dyadic sessions with the child to promote positive parenting and child development. Accordingly, children are not present during all the home visits that fathers receive. As one father explained,

We basically talk about how my day was going and updates about what I've been doing and stuff like that and basically—just basic, general conversation like what are my goals. We do a lot of hands-on work like writing down goals and future plans, and do I want more kids, and job skills and résumé writing. We just basically all combine it into one.

The idea is that in order to be a positive, engaged father in his child's life, a man must first get his own life in order. The home visitor is there to provide a positive role model and to help the father navigate social services and other systems to find employment, to manage his finances, and to become a stable presence for his kids. When home visitors do discuss parenting, they emphasize forming a positive relationship with the child, using developmentally appropriate discipline strategies, and communicating effectively with the child's mother. For instance, as one father said,

If I had an argument with the kids' mom, he'll ask, "Why?" Then, most of the time he'll go back to some of the literature that we were learning, use those values, and apply it to that situation. If we were talking about patience or talking through something or paying attention to detail, he'll go back to that.

Home visitors at Site 5 report using almost identical curricula with fathers and mothers, with some supplemental fatherhood curricula: "We just about do the same thing [for father and mother home

visits]. We take some different things and we're a little more flexible with the information." Although home visitors set plans and agendas beforehand, they are likely to deviate from them according to the informal conversation with the fathers and their immediate needs:

I usually take the temperature. If there is some turmoil...I like to see where they are and see if it just needs to be a social visit....I have somewhere I really need to structure for them....I have an agenda on my mind but it'll change....In my opinion, it is more social support and mentoring than anything.

Summary

The five home visiting programs that participated in this study vary in how they structure services for fathers. Some programs integrate activities for fathers into joint visits with mothers—where mothers are the primary clients—whereas other programs offer fathers their own home visits with a male mentor. In addition to home visits, several programs organize father support groups and other fatherhood activities. Findings show that a “one size fits all” approach may not be useful, and that structuring services to best meet the characteristics and needs of the targeted population may produce better outcomes for families. The variation across sites reflects the relatively new movement to engage fathers in home visiting and how programs are still learning what approach works best.

Chapter 5. Recruitment Process

Interviewers asked fatherhood coordinators, other program administrative staff, and home visitors how they identified eligible fathers, how they connected with those fathers, and the types of information that they provided to fathers to encourage them to participate. They also asked participating fathers how they first heard about the home visiting program and about fathers' initial impressions and motivations for participating. This chapter discusses those findings related to the recruitment process. As discussed in chapter 3, several participating organizations offered both home visiting services and other fatherhood activities, and those program components were connected as part of a holistic approach to father engagement. Where we can, we distinguish the recruitment strategies for home visiting from the strategies staff members used to connect fathers to other fatherhood activities.

Mothers as Entry Points for Fathers

The majority of our dads are affiliated with our moms. We may get a few dads through the year that get referred on their own, but that's pretty rare.

As that quote illustrates, programs consistently reported that mothers are the primary entry point for fathers, which has implications for involving fathers who are not well connected to the mothers. Most fathers we interviewed learned about the home visiting program and other activities for fathers through the mothers after they were already enrolled. Usually, the women were pregnant or had recently given birth. Most mothers were referred by local Women, Infants, and Children clinics; Medicaid enrollment staff; obstetricians; and other community agencies working with low-income families.

Home visitors who worked with female clients described how they explicitly asked about the father at intake and explained to their clients that fathers—biological fathers and social fathers, such as current boyfriends—were welcome to participate in home visits. In programs that had other activities for fathers, home visitors also mentioned those activities. One program manager told us:

When our worker does the intake with moms, she'll ask questions about the father if he's involved. She talks about [the father support group] and sees if he might be interested in that. That's given to us with our referral. Then our [fatherhood coordinator] contacts our families and makes connections.

Sometimes, the home visitor was able to interact with the father because he was in the house at the time of the visit. Other times, the home visitor would leave information with the mother to pass along to

fathers. Home visitors who worked with mothers at Site 4 described how they provided fathers with information on father-centered home visits offered by the program's fatherhood coordinator:

Sometimes, dads are in the room but they're not thinking it's about them so I'll bring it up to mom[s] and see what they think. If the mom thinks he'll be interested, I'll ask him to come and talk about it and ask if it's okay for [fatherhood coordinator] to come out and talk about it. I always want them to know it's voluntary and for you, it's just a way for you as a dad to have someone to support you. If you're looking for a job or interested in going back to school, you might need someone there to help you find that direction. He's a man like you that's been through things in his life and can offer you that experience.

Her colleague agreed on this approach:

Once you get into the home and you've been there a couple of times, if a dad is around or involved, you try to warm up to him like everyone else. I try to talk to the mom first and let her know what we have to offer if he isn't in the room. Sometimes, the dads are in the room and are very interested....We're not pushy about it—just say, "Hey, we have this to offer...other guys are doing it"—and I offer to have [fatherhood coordinator] come over—"I think you'd click, and he'll tell you a little bit more about it." The final push has to come from a guy.

Many sites mentioned the importance of relationships in connecting with fathers. An important first contact is the home visitor, who has a relationship with the mother, and who may also get to know the father, if he is around. However, a common view was that it is important for a male recruiter to close the deal. That process of introducing the program through the mother and getting consent to make contact with fathers appeared to work well in many cases. The staff members who run the 24/7 Dads program at Site 1 explained the recruitment challenges they faced until they started to recruit participants through maternal home visits:

We initiated the normal methods of fliers, making phone calls, relying on personal connections locally. We found our efforts were shortsighted....That's when we began to partner with our case managers [in the home visiting program]. They began to refer men. If the dad happened to be there when the mom was there, they could write a referral.

A colleague further explained the gender differences they saw in their clients and the importance of making that initial connection during home visits before approaching fathers more directly.

The way we approach services with women is completely different than men. Men are not as trusting, open, or social as women. Men don't want you to call if you haven't been given permission. I can't just show up and say, "Hey, there's a man here, let me get at you." The case manager for the mom has to ask if the man is interested. If he says yes, we immediately follow up.

Other Recruitment Strategies

In addition to learning about the program through the mother, fathers were recruited in several other ways. In some cases, the Department of Child Protective Services (CPS) referred families that were identified as being at risk. A few learned about the program through friends and neighbors or local events, such as a community baby shower. A few fathers first heard about the home visiting program through word of mouth and then recommended it to the mothers.

Fathers receiving separate home visiting services were more likely to be recruited through community outreach than through the mother's home visitor. The study sites that offered fatherhood activities that were separate from maternal home visiting, such as father support groups, often recruited through word of mouth and visits to places that fathers congregate, such as the Urban League and churches. One fatherhood coordinator's favorite place to recruit men was in a barbershop.

He usually works with the community partner that has an ability to get men in. There are a handful of African American male leaders in our community....[He partners] with them on community-wide events...there's a male health conference and he presented there.

One of the fathers who was a primary home visiting client brought his daughter to the clinic for the first time after his wife had given birth and learned about the fathers' home visiting program through that visit. Another father was getting diapers at a community bank, and the woman there got him connected with a male home visitor. These fathers were generally motivated on their own to find assistance and went looking for it in their communities.

Sites that offered separate services for fathers put out a different type of message than other sites. For example, they collected information about the fathers at intake and made it clear from the start that fathers were equal partners as parents. The director of home visiting at one site said,

We have made it really clear that dads can be full participants and primary participants as much as mom[s]. Dads are welcome at most groups. Obviously, you have some with safety concerns, but we do have father groups, too. Dads aren't in a sidecar. When we talk [about] reaching out to parents, it's moms and dads....All of our outreach materials and forms are designed not to just include information we're capturing about mom[s] but also partners.

A supervisor in the same program added,

Everything is always marketed as a pair—it's open for moms and dads. The graphics and the promotional stuff have pictures of a mom and dad. It says first-time parents—not one word or the other. It's left to be open for either/or. We don't market for a specific gender.

Several programs emphasized that the way to reach men was to offer different kinds of activities. Although some fathers appreciated the one-on-one relationship with a home visitor, others gravitated

toward group-based activities with other fathers. Activities that were offered to attract men included fatherhood support groups, outings to sporting and other events, and connections to services, such as job training. As one home visitor explained, “We say to dads you may not be interested in case management but would you be interested in other activities. We give dads an assortment of options to get involved.” Once fathers became engaged, they often told their friends about the program and recommended they join, thus further spreading the word about program benefits.

Providing Incentives and Rewards

Another common strategy for recruiting and retaining fathers was the use of incentives or rewards. Four of the five sites offered some type of incentive or reward to participants. Of those sites, two were explicitly for father participation. Site 1 provided fathers with points for participating in home visits, attending doctors’ visits with their children or pregnant partner, and other activities; the points could be redeemed for gift cards for baby products. Site 3 operated a very similar program, except that in this case the points accrued to the mother for the father’s participation in home visits and other activities. Again, points could be redeemed for gift cards for baby products. Sites 2 and 5 did not offer rewards tied to participation but offered material support to incentivize. At Site 2, both fathers and mothers were offered bus passes and gas cards to make it easier for them to attend program activities or parenting activities, and both mothers and fathers who participated in the program were offered the opportunity to shop in the site’s “baby boutique,” which includes toys, clothes, and other baby items. That site also offered gift cards for participation in special events like support groups or, in one particular example, a family music event where parents and children played with musical instruments. Finally, at Site 5, home visitors frequently brought diapers, baby food, and other material goods to families, but that was not tied particularly to father participation. Site 4 was the only site that did not provide any rewards or incentives.

Program staff members identified rewards and incentives as useful in getting fathers into the program. They did not view such incentives as bribes, but rather as ways to help fathers contribute to their families. As one staff member said, “[Fathers] feel if they’re unemployed, [receiving incentives] especially [gives them] a sense of being able to contribute in a meaningful way. If he’s unemployed he can get some education, get a gift card, and contribute to the family that way.” Indeed, many fathers in the program were unemployed and struggled with their perceived roles as providers; the incentives appeared to help with that struggle. One father was very honest about it; he commented:

What made me go to the [program] was the fact that I didn't have a job and I wanted to take care of my kids and my family. I wanted to keep them together. In order to do that, I had to find some organizations that would help me. The [program] is one of the best out there.

Another father explained that incentives could help reach fathers who might otherwise be uninterested in participating, saying, “Those fathers who are very strong and angry that they don’t want to know anything about it—[with incentives] they smile and stuff.” A father talked about going to buy diapers with gift cards provided by the program, while a mother talked about her and her partner’s saving up gift cards to buy things for the baby. One staff member also identified the incentive program as a way to improve family life more generally: “Lack of resources creates stress in families.”

For other staff members, incentives were viewed as a way to get fathers in the door, while the content of the program itself would be enough to keep him engaged. As one staff member said, “Sometimes, it just takes a \$20 Walmart gift card to get them to come to [activity] once and then they like it.” Another home visitor identified the incentives as “just a bonus.” And another commented, “I don’t want to say it’s the main focus, but it gets them in the door.”

Parents generally concurred with those views. Fathers identified incentives as help for the family, rather than as specifically for them. As one father said, “This program’s really helped. It really has. Not directly on me but my family.” Another talked about home visitors bringing diapers: “It was definitely something that helped us when...we were on our last pack of diapers or wipes or things, and then we’d have that visit and they’d bring us a couple packs of each.” They also felt that the incentives had contributed to their willingness to participate in the first place. As one father explained,

I just knew that the perks were there and things as long as you had the visits, but as we got into it and things, it was just—like I said, it was neat to see the stuff that they brought and the talks that they’d have with us, kind of just informative. It grew on me as it went along there.

A mother similarly characterized the incentives:

At first, he was just kind of, “Well, I guess we have to because I can’t provide for you anyways.” It was a pretty big hit, in his view, but once he opened up to it, and it wasn’t just about the free stuff anymore, and he saw that they were providing a lot of emotional support and education, that’s when he warmed up to the idea. At first, they do reel you in with the free stuff.

More broadly, parents recommended incentives for other programs. As one father said, “The more that [programs] do stuff like that, I believe more fathers will start.” The incentives were viewed as an effective recruitment strategy to reach fathers and to help them on the road to self-sufficiency and family stability.

One site, however, disagreed with that view. Site 4 did not provide any incentives and chose this route not because of a lack of funding, but because the staff was philosophically opposed to it. As one staff member said, “We don’t use incentives to engage or reward people. We provide transportation, child care, and a simple meal for groups/events....We try to connect to other services as much as possible.” The fathers in this program were quite happy with the services provided, but one did say, “I think for dads there has to be more of an incentive for them to really want to engage.”

Recruitment Challenges

Staff members found it to be particularly challenging to recruit fathers who were not romantically involved with or who did not have a good relationship with the mother. Home visitors reported how they would ask mothers about the fathers and would encourage mothers to communicate with the fathers and to involve them. One home visitor said,

If they’re together, then yeah. We want him there. If they’re not, they’re like, “I’m going to call him.” I’ve had a lot of girls who were like, “I’m going to call him. If he shows up, he shows up.”

A particularly salient time to make contact with fathers is at the hospital at the time of the birth. Some staff members reported having greater success with prenatal clients; fathers were often excited to learn about labor and delivery and were present for the birth—but potentially less involved later on.

Yet sometimes, the mother does not want the father involved, and the home visitor generally defers to what the mother wants.

A lot is based on what Mom tells us. I got a few, they don’t even want him in the house. So that tells me we’re not going to talk about Dad today or any day. It is based on the mom’s perspective and that’s her right.

Recruitment of fathers can also be tricky because of the possibility of domestic or family violence. Home visitors probe for that situation. If there is a safety concern, the father’s participation is generally not encouraged. In some cases, families have an open CPS case because of suspected child abuse and neglect, and some fathers may be mandated by CPS to participate in the program. Home visitors described CPS cases as being high risk and often challenging to work with. As one home visitor commented: “It’s a hard group to engage. If you’ve been involved in [CPS], there isn’t that attachment.” But at the same time, home visitors felt some comfort knowing what they were dealing with in advance and that they had the support of CPS workers. It was more difficult walking into a home not knowing the family’s situation and uncovering cases of domestic violence and abuse.

Because of some families' past involvement in CPS, one of the primary recruitment challenges across sites was parents' distrust of the government, which led them to be wary of any outsider who came into their home. One father said this about his initial reaction to the program:

It's like [CPS], how they enter your life, you never know what they're going to do. They could screw you over any second they want; all it takes is one little thing and they're silent about it and they come back....I just didn't know if I could trust her or not.

Even if they were not worried about CPS, some fathers were concerned about being judged, and they had, perhaps, had that experience with other programs. A director of community engagement in one site explained:

One downfall is not about our program in particular, but many times in poor and underserved communities, there are so many people trying to come into people's homes. They'll tell you, I'm sick of all of you.

Chapter 8 further discusses the key challenges to engaging fathers in home visiting, including maternal gatekeeping and safety concerns, as well as other identified themes across study sites.

Father's First Impressions and Motivations

Interviewers asked fathers how they first heard about the home visiting program and other fatherhood activities and their initial impressions and motivation for participating. Most of the fathers involved in these programs grew up without involved fathers themselves; as one father said,

I'm afraid. Right now, the fact that I grew up without my father, and I want to do my best to give my child everything I didn't have and just be there for him. There's a lot of things in my life that my father missed, and those are the first things that I want to do, is be there for my child.

One resonating theme is related to wanting to learn how to be a better father, as this quote illustrates:

Me, I didn't have a relationship with my father. I didn't bond with men until I started playing football. I wanted to break that chain. When [the home visitor] asked me did I want to take the course for being a better parent, I said, "Sure." I was all for it. I want to be the Michael Jordan of pops.

A related and more pragmatic motive that some fathers expressed was the opportunity to learn about immediate concerns like what to do to get ready for the arrival of the baby and to get parenting help and advice as questions arose. That kind of motive was frequently expressed by first-time fathers. As one father explained: "I thought it would be nice to have a little help, or a little advice. Professional advice, instead of everybody throwing their two cents in." Another father described similar motives:

At first, I was optimistic about it, because I'm like—I don't know how to be a father, but I was like, "Well, I'm not a father yet, so there's still stuff that I can learn," so I opted in to go ahead and join the program and let them turn me in the right direction.

Although some fathers expressed their initial hesitation, the information they learned and the relationships they built with program staff motivated them to continue. Fathers who joined father support groups also echoed the importance of relationships in getting them to join.

I was kind of iffy about going, because I don't really like to talk to a lot of people about what goes on at home. Or what's wrong with the kids. Or personal stuff. I got to know a bunch of the guys there. I actually worked with one of them for a while. I knew him. Then, we got to talking. All right. Well, maybe I'll give a try.

Summary

Most of the 40 fathers who participated in this study were recruited through the mothers who were already engaged in the home visiting program. In some cases, however, men were recruited directly through various community organizations and events and through word of mouth. That method of recruitment was more likely to be the case at sites that offered separate home visiting for fathers; program staff conducted more active outreach to fathers in the community, and some fathers were more motivated on their own to find services to help them be better parents.

Particular recruitment challenges, according to staff members, included reaching fathers who were no longer in a relationship with the mother. Sometimes, fathers did not want to be involved; other times, the mother did not want to involve him, which was often the case if there was a history of abuse or domestic violence.

Fathers' initial motivations for participation included wanting to be a better father (and to break the intergenerational cycle of absent fathers) and, more generally, to get advice and to learn parenting skills and about children's developmental needs. First-time fathers were particularly interested in learning those skills, but some experienced fathers expressed wishing they had known about the program when they had their first child. Fathers were also attracted by program incentives, but the actual content of the program further drew them into the program.

Chapter 6. Strategies to Increase Father Engagement in Home Visiting

The five home visiting programs selected for participation in this study each implemented multiple strategies to ensure that fathers could actively engage in home visiting services and, if offered, other fatherhood program activities. This chapter presents details on the strategies that home visitors and other staff members reported using. Across the five sites, common strategies included (1) employing fatherhood coordinators, (2) keeping flexible hours, (3) tailoring services to fathers' preferences, (4) meeting parents where they are, (5) having nonjudgmental persistence and consistency, and (6) advocating for parents.

Employing Fatherhood Coordinators

Three sites (Sites 1, 3, and 4) each had a staff member whose sole responsibility was father engagement. Those fatherhood coordinators, uniformly male, were tasked with designing and implementing recruitment strategies for fathers, tailoring curricula for fathers in home visits, and designing and implementing activities outside of home visiting for fathers. As one coordinator said:

I've done everything from create the logo, name—I've built this from scratch without any guidelines other than what our female [home visitors] have. I take what they have and adjust it for men. I created all the community events....I go from jeans and gym shoes in the street then I'm sitting downtown with the mayor all in one day. I work on the goal setting—whatever they want or need.

In all cases, the need for this position was identified by program management as a direct outcome of an increased organizational focus on father engagement. These programs felt a special position needed to be created to manage those responsibilities and to keep fatherhood at the forefront of home visiting; as one agency leader said, "The premise is to statewide and nationally get programs and organizations to really see and buy into the notion of male inclusivity." Programs without male coordinators were no less committed to the idea of fatherhood engagement, but they implemented a different staffing structure. Site 5 employed two male home visitors who worked specifically with fathers and a program supervisor who oversaw the fatherhood program in addition to other prevention and intervention programs at the organization. Site 2 received technical assistance from a statewide fatherhood specialist, but at the local level: "By design, [engaging fathers] is integrated into everyone's position. I

wouldn't want just one person to work on that." The statewide program director reflected on the history of local programs across the state:

Everyone chose to have a fatherhood specialist. That became a position at their sites. That wasn't really the way to engage fathers, we realized. What tended to happen—that fatherhood became the job of that person. Everyone said, "I don't have to worry about dads."

Each staffing approach appeared to work for each respective program, at least insofar as fathers were participating and engaged in the programs visited.

For those programs that did have a fatherhood coordinator, the choice of the man to fill the position was viewed as critical. Program leaders spoke about the importance of finding the right person and about the difficulties when the wrong person was employed. As one program manager said, "There have been bumps in the road. We've had [fatherhood] coordinator after coordinator. But now we've found [our current fatherhood coordinator] and that's a success." Another manager at a different program recalled a similar experience: "I didn't get it right the first time—[fatherhood coordinator] is my second fatherhood coordinator." What distinguished the right coordinator from the wrong coordinator in both cases were his relationships, both with the men in the program more narrowly and with the community more broadly. All three fatherhood coordinators spoke of building a relationship in the community. For example, one shared,

Once I had two guys, I started finding the rest of the guys and I started dragging them in there. The guys would come to events, and then they found out I was here for them and then they started coming. And then word of mouth got us going. We built a real good group. Today, guys have graduated, but I still have ongoing contact with them.

As discussed in chapter 5, this connection with the community helped in recruitment. It also helped programs as a whole establish a reputation and earn the trust of participants and other referring organizations.

Keeping Flexible Hours

Another key programmatic resource involved flexible staff hours. Different programs had different staffing structures and different ways of managing caseloads. Three of the sites were very transparent about allowing home visitors to work outside of traditional 9:00 a.m. to 5:00 p.m. hours in order to better accommodate parent schedules. Staff members at three of the sites (Sites 2, 4, and 5) commented that the flexibility to work at unusual times or irregular hours was very important for reaching parents generally, and fathers in particular. As one supervisor stated, "Our philosophy is that

we try to be as flexible as possible, so we offer evening visits or weekend visits. We recognize that often fathers have two jobs.”

Parents recognized and appreciated that flexibility; as one father stated, “[The program has] done everything they can to make sure that I was there when they’d be there.” Another, discussing the difficulty of finding a time for the home visits, commented, “[The home visitor] would just—she’d just say, ‘Oh, I’ll come back. Call me when you both are available because I’d really like both of you to be there.’” And another father was even more direct: “Sometimes, I will have to go. [I’d say], ‘[home visitor], 30 minutes before I have to cancel, because something just come [up].’ He was very flexible.”

Flexibility helped engage fathers but had its limits. At Site 2, home visitors had more flexible hours, but many could not take advantage of that flexibility because of their own commitments. Many home visitors worked part-time and held second jobs; those work commitments prevented some of them from being flexible in scheduling home visits. At Site 3, some flexibility was offered to staff members, but that flexibility and its limits were not clearly spelled out. A staff member commented, “You can [schedule visits at unusual times]. You just got to do it. For the most part—I mean, yeah, they’re pretty flexible...[but] you have other visits you still have to keep.” In other words, some flexibility was possible, but the demands of a full caseload prevented some workers from rearranging schedules.

Other sites were limited by their funding structures and insurance requirements and could not offer flexible hours at all. Site 1 offered home visiting appointments only during standard business hours. As a staff member said, “Our home visits can only take place during the day.” That situation was due to the staffing structure; home visitors are nonexempt employees whose hours could not be adjusted. Although the managers tried to allow some flexibility so that home visitors could still see families at 5:00 p.m. or 6:00 p.m., that flexibility was extremely limited. That limitation had significant impacts on recruiting and engaging fathers:

If Dad is working, then he needs to be at work so he can take care of his family. We have to deal with that piece of the dad not being available during the day because he is working or living someplace else. I think we can do a better job—if Dad is unemployed or is not working period—[on]...those dads we would engage in home visiting and encourage the mom to invite him for the home visit.

Across sites, some fathers worked fluctuating shifts, making it nearly impossible to find a regular meeting time when they and their families were available. Thus, although maintaining flexible hours was an important strategy for engaging fathers, flexible hours could take home visitors only so far. Chapter 8 further discusses these logistical challenges and other challenges to serving fathers in home visiting.

Tailoring Services to Father Preferences

The activities conducted within the larger program and within home visits were key factors to keeping fathers engaged. In particular, that meant strategically matching the home visitors to the clients, tailoring the content of home visits, and organizing activities outside home visiting, each of which is described in this section.

Strategically Matching Home Visitors and Clients

Staff across programs agreed that having a home visitor who could connect with fathers was essential, and home visitor characteristics were important in that respect. At four sites, having a male home visitor, caseworker, or mentor was perceived by staff members and fathers alike as helping keep fathers engaged. All but one site had male staff members who acted as peer mentors and role models for fathers. Those staff members universally felt that having a male, versus female, worker was helpful in engaging fathers; as one said, “Based upon what we know, men respond better to men, and it’s cultural.” That is, they felt fathers would be more likely to open up to other men, and particularly other fathers, about their challenges and their questions about parenthood. Another staff member explained, “I think the idea is that they would want a male to teach them how to be a father. One of the questions people get asked is, ‘Well, do you have any kids? How can you teach me to care for my own?’ Having a male teach a male, I think that reinforces it.” In some cases, too, home visitors felt that a female home visitor could be perceived as threatening by fathers’ partners: “If I [a female home visitor] say I need dad’s number and dad’s name, that does not go over well. You have to show respect. Mom is more likely to want a man to make that call.”

Fathers with male home visitors and their partners largely echoed that view. As one father explained, “I just don’t know too many men that would sit and listen to a woman talk about a man and believe she understands his situation.” However, others did not think the home visitor’s gender was particularly salient. One father with a male home visitor commented that “it really wouldn’t make a difference to [him]” whether he had a male or female home visitor. Another father was ambivalent about the gender of the home visitor, because he felt his wife would not respond positively if he had a female instead of a male.

Still other fathers were content with female home visitors. One father at Site 1 who had a female home visitor did not want a male home visitor. As he explained, “It would feel different being with a man, because some—it’s just like you can’t really express yourself to a man how you want to, and with a

woman you feel that motherly comfort, so you can express yourself to her.” Young fathers, in particular, often seemed to respond to a mother figure, at least according to home visitors; one explicitly said that her age seemed to help her with young parents, as they responded to her as a mother or grandmother figure: “A lot of my families, because of their culture—I do have a high rate of Spanish families and African families—respect to elders is something they share and they’ve been brought up to do.”

Gauging parental preferences and choosing a home visitor on the basis of preferences appeared to help initiate and maintain father engagement. For some fathers, that meant choosing a male home visitor they could relate to; for others, it involved a home visitor with other salient characteristics, such as parenting experience or a similar cultural background.

Making Home Visiting Activities Fun and Hands-On

Tailoring the content of home visits was another strategy used to engage fathers. That tailoring took several forms. At the most basic level, staff members sought to bring information specific to fathers to home visits. One home visitor explained, “When I bring curriculum, I try to bring things that are for the dad.” At one home visit we observed, the home visitor brought an information sheet about what fathers go through during their partner’s pregnancy, to emphasize the father’s prenatal role. Another emphasized that she tailored the material to the parents: “Bringing separate stuff for each parent.” A supervisor summarized, “Bringing something that’s geared towards dad specifically is a great way to engage dads, especially during pregnancy when the mom is the center of attention.”

Program staff also created hands-on activities and games they could play during visits that they felt were even more effective than written information for engaging fathers. As one home visitor said,

They like fun things—games. Dads are more of the fun parent. We learned that in training that dads are often the fun parent. I brought paint one time, and the mom didn’t want it because of the mess, but the dad really did. They like the fun messy stuff more than the serious.

Home visitors catered to that sense of fun through multiple activities. At one site, multiple fathers spoke of a race to assemble a portable crib and how much fun they had with the hands-on activity of trying to assemble baby equipment under time pressure. At another site, fathers and home visitors spoke about an activity where fathers wore an “empathy belly,” a padded belt that mimics the weight and lack of balance of pregnancy. Others praised activities, including prenatal bingo with vocabulary they had learned related to labor and delivery, and games designed for parents to play with each other and with their children. One father described a creative activity building a model of a baby brain; another learned to make homemade toys out of household materials: “[Home visitor] has these

activities...every time she comes she usually will make something just out of stuff that you either have at home or is real cheap that you can go out and get, but it's just toys." Staff members at Site 5 video-recorded father-child interactions and played the recordings for the fathers, which they enjoyed. Site 2 served primarily teen parents, and a home visitor described using lots of videos and physical activities to teach the fathers since they responded well to that format:

A lot of my dads love video games. If we can do something interactive where we use a video with an activity, that'll catch them on....Dads love trucks, so we'll bring the trucks, balls, puzzles—anything that's physical, the dads enjoy doing....I've gone to the parks with them and shown them physical things they can do, program safety. They've made play dough with me. That's how I get them involved.

Physical and hands-on activities were helpful in getting hesitant fathers to join in the home visit. One father reported being initially reticent to participate, describing himself as “the type of person that usually don't like to be in one place a lot, so I'd rather be outside running around with my friends, honestly, than being in here.” But the home visitor encouraged him to join in on the activities she brought, and he ultimately enjoyed them: “I sat down and actually started listening. She actually told me a lot of stuff that I needed to know that I didn't know. It helped out with her coming and doing these visits.” Thus, those activities became not just a way to educate fathers about child development but also a way to engage fathers in the program more broadly. Once they enjoyed the activities, they were more willing to listen to all the information provided by home visitors.

Organizing Group Activities with Other Fathers and Families

Offering activities outside the home visits was also perceived as helping engage fathers. All sites offered some other types of activities, which either targeted fathers directly or were open to the entire family. The most common types of activities included father and family outings (offered at all sites) and father support groups (offered at Sites 1 and 3, offered in the past at Site 5, and offered as a parent support group for fathers and mothers at Site 2). Those types of activities were identified by program staff members and fathers as helping fathers connect with peers and learn about parenting and handling family responsibilities. They also helped fathers and families relieve stress and learn about fatherhood in a fun environment. Family field trips and events also gave fathers an opportunity to spend quality time with their children.

Those who participated in father support groups found them to be very beneficial. One father at Site 3 named the support group as his favorite part of the fatherhood program, saying,

The most useful is when we go to dinner. We sit there and talk and get what's on our chest off our chest. [Fatherhood coordinator] would say what's going on in his life and what's going on in our life. That's the most useful thing. Then we have to sit there and we'll write down what's on our mind—because we have these little books—we'll write down what's on our mind, and then we get up and read it to everybody. Then the people that's there probably say comments like what they think that you should do or what we do....We help out.

Staff members echoed these ideas, with one home visitor saying, “[The group] helped them socialize with other dads....Some of our dads for group need a place to vent and not be judged or ridiculed.” (See chapter 7 for more information on program benefits, including connections to a peer community.)

Interestingly, mother support groups were a common program component across home visiting programs and were mentioned by all of the sites visited. However, program staff at Sites 2, 4, and 5 felt that there was less interest in support groups for fathers, and that not enough fathers would participate to make such a group worthwhile. One staff member at Site 5, where a father support group was discontinued, said,

With the support group, it was very challenging engaging fathers. Once they were in the group, they would talk and talk and talk. It was hard to get them to leave, but getting them there and getting them to come back was hard, finding a time to work with people, even with incentives, it was hard.

Program staff at sites that did have father support groups commented that recruiting fathers for the groups could be difficult, primarily because of scheduling issues; Site 3 staff credited the past success of the group to the ability of the fatherhood coordinator to get fathers there. The few fathers we interviewed at Sites 3 and 1 who were not involved in the father support groups described having scheduling conflicts or being leery of the format. As one father at Site 1 said, “You got to think when you're going as a man and you're going to a program—if you're just saying ‘program’—because most men don't even go to programs.” In other words, the idea of a father support group made him uneasy.

In contrast, fathers seemed much more comfortable with the idea of field trips and activities for fathers only or the whole family. The form and frequency of those activities varied across sites, from sports games (both professional games viewed and amateur games played) and trips to local museums and parks to family dinners. During some activities, fathers met and socialized with other fathers without family present. Others involved the whole family, with fathers, partners, and children taking field trips to new locations or engaging in play together. Both were praised by staff members and participants as giving fathers an opportunity to meet other engaged dads and to reduce stress.

Family activities also allowed fathers to provide their children an experience that they might not be able to afford on their own, thus helping fathers feel more like providers. As one father described,

We went to a ranch where they have horseback riding....You brought your kid, so I got to bring my oldest son to that. He really liked that. It was a good bonding experience, because how often do you just randomly get to take your kids to see horses and stuff?

Other fathers agreed that having free activities relieved some stress: “Most of us that are the ones that are in kids’ lives are looking for something to do with them anyway. The mall takes money. You going to a football game that’s free, and to eat and get fed for free? Priceless.” And another commented, “Sometime, you be wanting to do more for your children, but bills come in the way.”

At Site 4, which served exclusively African American families, activities are also designed around empowering fathers. As the coordinator described,

We’re going to start empowerment trips....I’m going to take them to the African American museum. My summers were different when I was in [other city] than theirs—all I saw was black people—black business owners, commissioners, mayors. It showed me I could do more. So I’m trying to talk them through that process and the important pieces.

That type of thinking was implicit in activities across the sites. Activities were viewed not only as a gateway for fathers into the program, or as a way of getting them interested in joining, but also as a way of modeling father involvement. As one father said, commenting on meeting other fathers at activities, “I think I learn from that, too, because probably another father is smarter than me, or maybe have better ideas, and I will say, ‘Oh, this is the way his father do it.’ I just trying to look and hear what’s going on.” Since many of these fathers grew up without engaged fathers themselves, having the opportunity to meet other fathers who are trying to be active in their children’s lives was very powerful and helpful.

Meeting Parents Where They Are

Home visitors at all five sites said that one key to building a relationship with fathers was meeting them where they were. The following statements from different home visitors illustrate this point:

Typically, we will meet him relationship-wise where he is.
You have to meet them where they’re at.
You’ll waste your time and theirs if you don’t meet them where they’re at.
I feel like [the fatherhood coordinator] is willing to meet them where they are.
I try to address the needs. That’s where I really engage them at first. Meet them where they’re at.

As explained by the home visitor of the last quote, meeting them “where they’re at” means addressing who the fathers are and what they need now, and letting them set goals and be the experts in their own lives and their children’s lives:

They know their child the best. They know themselves the best, their past, the way they were raised. [Home visitor] comes in as a support for the father. He comes in with a philosophy to push enough to make the fathers really think about how to parent the child and what kind of parent they want to be. It's meeting fathers at their level and pulling out their strengths.

Home visitors at two of the sites discussed receiving training on motivational interviewing, a common counseling approach that starts from the idea that people in programs such as home visiting are likely at different stages in their readiness for change, and that for such programs to be successful, the clients themselves must set the pace. Thus, the home visitors gained the trust and respect of fathers by letting them set goals for change and by providing resources to accomplish that change. Fathers responded very positively to this approach and liked that they could set the agenda and that the home visitors were there to help them, not judge them:

They seem like they really care about the people that are in the program. They want to know what's going on with your pregnancy, or what's going on with you raising your kids, but not in a way where, "Oh, well, we're going to get you in trouble for this and that." No, it's more like, "I see you doing good. I see this." They want to see us progress and give us little tips here and there.

Many of the parents served in the five selected home visiting programs have had negative interactions with government authority figures; learning that the home visitors are not there to grade them or report on them helps parents trust them and engage in the program. As one father said about his home visitor, "I can trust her because she's incredible....She helps us out in a lotta things." Another father commented, "If we ever need help on something we don't understand, or we don't know about, we just message [home visitor] and she pretty much helps us with anything we need." By meeting fathers where they are, home visitors and other staff members build deep and rewarding relationships.

Nonjudgmental Persistence and Consistency

Another important strategy used to engage fathers in home visiting involves persistence and consistency. As discussed earlier, fathers in the populations served often have irregular schedules, and finding times to meet was cited as a major obstacle to father engagement across all sites. A key theme across sites for overcoming this obstacle was to keep trying. According to both staff members and parents, making repeated efforts to contact fathers, to try to schedule visits when they could participate, and to find ways to build rapport and engage them in conversation often led to fathers being more engaged in visits and other program activities. Staff members reported that many of those fathers have experienced some form of instability: unemployment, multiple residential moves both locally and regionally, multiple romantic relationships, and, in some cases, multiple children by multiple partners.

Few fathers had engaged fathers in their own childhood, and many lack strong social support systems. As one supervisor described, “We’ve worked with some families that are really isolated and come to us haphazardly. Those families really look to us as their support system, someone who cares.” As a result, they are used to relationships being transient.

Home visitors who emphasize that they are there for the father and are not going away are, at least sometimes, able to overcome initial resistance to the program. As one home visitor explained,

I still have this family I see—Mom came to the program as a new mom and Dad would hide in the bedroom. Over three years, he slowly came out—he’d peek out or go to the kitchen. He was really apprehensive to be anywhere near a service provider. With his family, [child protective services] was really involved and his mom and he were addicts. With the consistency, seeing I really cared about his family, he became more involved. Now I see him and he says “hi” and comes in if he needs anything. The biggest thing is being consistent and showing the parents you care.

Other home visitors echoed that view: “It shows we’re not going to just go away and [the father is] a part of this, too.” Other home visitors shared their lessons: “Don’t give up.” “Keep encouraging that engagement. Say ‘hello’ at the beginning, build it stronger and stronger, and try to develop a rapport with that dad. Once you have that rapport, you’ll see it.” “It’s about you building a relationship with them, and then they will build a relationship with that child.”

This persistence extended beyond scheduling into other aspects of the fathers’ lives. One home visitor worked for years to get a father to a doctor. As the home visitor explained:

I have an older dad. They just had their third baby and it’s very old fashioned. You want to bring new things in and it’s taken a while, but I finally got him to the point where he listens. I know he’s listening because I hear him repeat it later. At the same time, we have to think of men’s health. It took me two years to get him to get a physical. They discovered high blood pressure and now he’s dealing with that. He has little babies and needs to be around for them and deal with his health.

Fathers recognized and appreciated home visitors’ efforts to build relationships with them. One father explained, “They won’t stop working until they can assist you.” Another described his home visitor’s consistency as the most helpful part of the program:

He follows up. Sometimes [in other programs]...they’re supposed to be a coach or a mentor and they might not call and follow up with you regularly. Just check to see what your progress is. You can tell [home visitor] is into it. It makes it better.

Another father, speaking about a different home visitor, said, “I admire him because he’s on the ball....Sometimes, he calls me two, three, four times and he doesn’t get tired of calling me....If it were another person, after two or three times, they would quit. But he’s not like that.” Through such persistence and consistency, the home visitors become embedded in the lives of the fathers.

Advocating for Parents

Another common engagement strategy was building relationships with fathers by advocating for them and teaching them to advocate for themselves. According to both staff and father reports, many of their clients have had negative histories with state and local authorities and are distrustful of social services generally. Teenage parents are inexperienced and rarely know how to navigate complex bureaucratic systems. By helping intercede with other programs and systems, and teaching parents how to access social supports, home visitors build trust as well as help families directly.

One home visitor explained how she tried to engage a father by showing him how she could be his advocate: “With this one particular dad, he didn’t want me around. He didn’t want people in his house. We get that sometimes. He grew up in the system and is scared of the system. I explained that it’s good to have an advocate—if [CPS] does get involved, I’m on your side.” Another home visitor talked about how being an advocate for her clients motivated her in her job; she could “help them find their strengths and help them advocate for themselves and find a voice and do positive things for themselves.” Although staff described how teaching both mothers and fathers to advocate for themselves is an incredibly important goal, some concluded that it may be particularly important for fathers whose self-image is tied to being a protector and a provider.

Home visitors and parents told powerful stories about this role. Among other examples mentioned, one home visitor walked a father through calling a local social services office to ask questions about receiving benefits. She practiced the call with him, answered his questions, and called the office and handed the phone to the father, standing by him as he made the call. Another father told how the home visitor taught him what to do if he found himself unemployed: “He teach you what to do, like if you’re looking for a job, don’t get stressed out. He’ll come get you, take you wherever you need to go.” That kind of support was a selling point that attracted fathers to the program and kept them engaged.

Learning to advocate extended beyond learning about government and how to interact with various systems to learning how to advocate for others within the family. One home visitor talked about seeing the results of her work:

I had a client years ago when I was working with the teens. He was in college and she was pregnant. The times when he was at home, he would engage in the sessions. I did an in-home childbirth education course for them specifically. She went into the hospital and she almost had a C-section, but he actually advocated for her and she didn’t have a C-section and had a perfectly healthy baby. That always stuck with me. In that moment Mom is in a whole different world, and so you need someone to advocate for you.

In that example, the father was able to step in and direct the course of treatment for his partner. Other fathers talked about being advocates and role models for their children. One father reported learning relationship skills and teaching them to his son: “As a man now, I can teach my son to be maybe more sensitive to a woman.” Fathers in the program were motivated in large part by a desire to provide the best they could for their children. Programs attributed part of their success in reaching and engaging fathers to giving fathers the confidence and skills to do that.

Summary

The five home visiting programs that participated in this study were specifically selected because of their commitment to serving fathers. Interviews with program leaders, home visitors, and participating parents uncovered the ways in which those programs have been successful in engaging fathers in services. Common strategies included being persistent but nonjudgmental and meeting fathers where they are, tailoring the content and format of activities, and motivating fathers to advocate for themselves and their families.

No particular strategy appeared most effective. Responses varied across participants and sites. Some fathers mentioned the ease of program access, with home visitors working around fathers’ schedules; other fathers mentioned the content or format of the activities being attractive to them. Most commonly, however, fathers cited the home visitors’ approach and willingness to help as the key factor that motivated their program participation. In some ways, all the strategies discussed revolve around building the relationship between the home visitor and the father. As explained further in the next chapter on program benefits, fathers cited the relationships they created with home visitors and the social support they received from them as one of the greatest perceived benefits.

Chapter 7. Perceived Benefits of Father Engagement in Home Visiting

This chapter discusses the perceived benefits of father engagement in home visiting from the perspectives of program staff, fathers, and mothers. Particular attention is given to what fathers thought about their experiences in the program, what they learned, and how they changed as parents and as individuals as a result of program participation.

The program administrators and staff members who were interviewed commented on how early and consistent father engagement can benefit the whole family. They reported that fathers in their programs learn skills and acquire knowledge that can improve their relationships with their children and their partners. Specifically, fathers learn to be more confident, patient, nurturing, and responsive to their children's developmental needs, and more supportive and cooperative with their partners. The time that fathers spend directly engaging with children during visits is beneficial "as many positive role models that can be involved in a child's life the better the child." (Staff respondents were clear, however, that father engagement may not be beneficial in all cases, especially when abusive partners pose a threat to the safety and well-being of mothers and children, as described in chapter 8 on challenges to engaging fathers.)

The 40 fathers who participated in this study were enthusiastic to share their experiences in the program and to discuss how they and their families have benefited. They overwhelmingly reported how the program helped them learn to be a "better father" and how much they appreciated having a program inclusive of fathers or specifically dedicated to fathers. As one father described:

It's great to finally have a program that's nurturing to fathers. You got a lot of programs that's nurturing to mothers. Nothing wrong with it, but in [this community]...there's not really too many programs that cater to fathers, so I found it to be pleasant and great.

The 10 mothers who were interviewed were pleased that fathers were engaged in the program and in learning and growing alongside them. The changes they had seen in fathers aligned with the changes fathers reported; fathers were more supportive, were more directly involved in caregiving, and showed better parenting skills and emotional health. These mothers are not representative of all home visiting clients; rather, they reflect a select group of mothers whose children's fathers had participated in the program and were willing to be interviewed for this study. That said, their insight is valuable.

Across participants, key themes emerged regarding the benefits of father engagement in home visiting and other fatherhood group activities. The first two themes reflect the ongoing support fathers received from home visitors and from a peer community. The second set of themes reflects changes in fathers' knowledge and behavior, including increased knowledge of child development and improved parenting skills, anger management, and communication with partners. The third and final set of themes reflects improvements in self-sufficiency, specifically linkages to employment and linkages and referrals to community services and resources. Each of those themes is described in detail, along with profiles highlighting the experiences of four different fathers.

Social Support from Home Visitors

The supportive relationships that fathers formed with program staff members were one of the most commonly reported direct benefits of home visiting. Home visitors served as mentors, role models, and coaches and were key fixtures in fathers' social networks. As one father said, "[The home visitors] care, I guess. They seem like they really care about the people that are in the program....They want to see us progress." A father at a different site described his home visitor this way: "Like I said, [the home visitor] is like my brother from another mother. He's a good guy. He's a good guy, he helps me out a lot. He knows what I don't know. I need that from him." Home visitors provided multiple forms of support: (1) informational support to provide parents with advice and to address their questions and concerns, (2) instrumental support to help families access the services and materials they needed, and (3) emotional support to offer parents comfort and encouragement. This section of the chapter discusses each of those forms of support.

Informational Support

Fathers discussed the value of having someone to turn to for help and that the help went beyond teaching parents about parenting in the context of home visits.

It's like they go above and beyond. If you ask them to check into something, they'll do it. Most mentors will be like, "That's probably not my job to do all of that. You can do that on your own. I'm just here to make sure that you're doing stuff with the baby that you need to be doing with him." Not them.

Some fathers reported making phone calls and using text messaging to communicate with home visitors in addition to face-to-face home visits as a quick way to get information. Parents often had

many questions about caregiving, and home visitors were a useful resource, as we later explain in more detail as we discuss the benefits of learning about child development and parenting. For example, one couple that enrolled in home visiting prenatally loved their home visitor so much the mother asked her to be present in the delivery room when she gave birth.

We know that if we did [have a question], that she would be there; all she has to do is text her with questions or concerns. It's really just nice knowing that she's there for us. You can never have too many people that care.

Another father at the same site had similar feelings toward his home visitor and the valuable information she provided.

She helps us just if there's something wrong with him, and we don't know nothing, like we don't know what would be wrong with him. We just message [home visitor] and ask her if she would know, and she would inform us on what she thinks would be wrong with him and what she thinks we should do, and that's—she's just helpful like that.

Instrumental Support

Interviews with home visitors highlighted how far they go in providing support to their clients and in advocating for families to make sure they can access the assistance they need. As one home visitor explained,

Even if they're not kids and they're 30 years old, they still need support. But these young families especially do—not judging them, meeting them where they're at. I think dads are really expected to man up, be a guy and get a job. There's so much in society stacked against them, especially minority or poor dads. We can't change the economic system in the country, but we can help dads find the pathways to success.

For example, one caseworker helped ensure that a father was able to return to his job when he was released from prison—“While [father] was locked up, I went to his employer, took him to lunch, and talked to him about the client getting out of prison soon and [about giving] him his job back, and the employer did.”

Similarly, interviews with fathers offer multiple examples of instrumental support. One father was trying to get his high school diploma and was struggling with math; his home visitor helped him study. The home visitor of a limited English proficient father translated his mail for him weekly and helped him figure out how to respond to certain requests. When another father was having legal issues, his caseworker accompanied him to meetings with his attorney and to the courthouse. When a breastfeeding mother had difficulty getting her breast pump to work, and the couple had tried

everything they could to figure it out, their home visitor went out of her way late at night to find them a suitable replacement so they could feed their baby. Some home visitors provided transportation when parents needed it to go to doctor's appointments or job interviews.

Emotional Support

Home visiting staff members also offered fathers emotional support during difficult times. For example, when a father lost his wife and was battling depression, his home visitor was there to support him emotionally and to connect him with the resources he needed. When a child was sick in the hospital, the home visitor came to visit the father and child to "comfort me, make sure I was all right, and just telling me everything is going to be okay....It's not just a job. He likes helping people."

Fathers appreciated the support from female home visitors, but several noted the emotional bond they had with male mentors in the program. Even the few who were skeptical about having a caseworker and were uncomfortable opening up to a man about personal issues later realized the value of that relationship and of having someone to turn to for advice and assistance. As one father put it, he was used to being on the football field with guys and not talking about his problems, but he has found talking to his caseworker "therapeutic." One father offered this description of his male caseworker:

I commend him on everything that he's done....It generally shows me the importance of how to be a father....It's been an honor to meet him and to know that you do have a lot of people out here that care and that will take the time out from their day and from whatever else they got going on to sit back and listen to you. And know that it's a lot more that you can do than just thinking that you're a nobody in life, when you really are somebody special for the kids and that you can be a positive role model to them.

As described in chapter 3, the selected programs had different staffing models and views toward having male staff members who worked directly with fathers versus having all home visitors universally trained to work with fathers. Programs that had separate staff members for fathers saw the benefit of the mentor relationship for fathers. As one female home visitor explained:

Some of the men are forced to do it, whether it be mandated or if the mother of the baby pressures him into doing it. It's all about that relationship built in the very beginning and whether they can trust us. I feel like with [fatherhood coordinator], it might be different...once they get a glimpse of how he is and how he wants to support, they can appreciate the relationship for what it's meant for. You have some men who never had a driver's license or don't know how to change a diaper, but once [fatherhood coordinator] gets in there, they appreciate him and look forward to it.

One participating mother also noted the relationship between her boyfriend and his male caseworker, and how her boyfriend had changed since he enrolled in home visiting as a primary client:

He don't know anything about babies. Nothing. Went and read books, and—that's not going to teach him to be a father. I think from a man to man, he needs that connection, because...he'll tell me everything, but I'm a woman. I'm not a man. He needs that, to talk to a man....He needs somebody that he can trust and talk to. I mean, he don't really have that with nobody else but [the home visitor]. I noticed since he been talking to him, he's more calmer...he talks to him on the phone...I know he's helping him.

PROFILE 1. TEEN FATHER

Shane's transition to parenthood

Shane¹² is 20 years old, white, unemployed, and did not complete high school. He lives with his father, while his girlfriend, Angela, lives with their 19-month-old son at her mother's house. Since Shane does not get along well with Angela's mother, the couple lives apart and alternates sleeping at each other's houses. Shane typically watches his son from 10:00 a.m. to 5:00 p.m. while Angela is at work, but this was not always the case.

To be honest...around the time he was first born, I was still kind of shocked about it and everything. I really wasn't there like I should have been, but I'm trying to be there. I'm there for him every day now.

Angela started the home visiting program while she was pregnant, and Shane explains that the program has helped them both prepare to be parents and get answers to their questions. They frequently message the home visitor when something seems to be wrong with their son, and the home visitor talks them through different developmental stages. She also helps Shane and Angela obtain diapers and wipes when they are low on cash and has helped Angela find jobs. Even though Shane was not interested in the program at first, now he finds it useful.

At first, it was like, "Oh, great." I'm like, "Just someone else to come around and tell me what to do and just stuff I already know what to do." Then she started, and I sat down and actually started listening. She actually told me a lot of stuff that I needed to know that I didn't know. It helped out with her coming and doing these visits.

The home visitor encourages Shane to be involved, and she is flexible about conducting the visits at either house. Even though Shane thinks the visits are helpful, he says that sometimes he would rather not be at the visit because he does not feel "sociable."

She just asks me to join, and a lot of times I'm busy doing other stuff, and my girlfriend is there with him and the home visitor, so I'll just take off a lot of times...but usually...she does try getting me to stay there and join the group and stuff, but I'm not really that kind of person. I don't know. I can't do stuff like that....I'm the type of person that usually don't like to be in one place a lot, so I'd rather be outside running around with my friends, honestly, than being in here, but I've got to watch him, and he needs it, so he comes before friends.

As a young father still adjusting to parenthood, Shane recognizes the importance of the home visits for his son and asks Angela about them afterward, even if he does not attend.

Connection to a Peer Community

Although the purpose of this study is to understand father engagement in home visiting, several sites offered fatherhood group activities in addition to home visits. Staff viewed those services as complementary program components or alternative options, depending on the father. As one group facilitator explained, “If the one-on-one approach doesn’t work, then we can say, ‘Come to this workshop Saturday.’” A recurring theme unexpectedly emerged in interviews with fathers who had participated in fatherhood group activities: fathers highly valued the time spent in group meetings and activities and found it beneficial to be a part of a group of peers who were experiencing similar issues. Fathers’ perceived benefits of program participation therefore reflect all organizational efforts to engage fathers—both through one-on-one visits and peer group activities, depending on the site.

Several fathers revealed how they had grown up without a father and wanted to be a better father for their own children. The mentoring and peer support they received in their fatherhood groups helped them reshape their understanding of what it means to be a father. “For someone like me that grew up fatherless to kind of get that guidance, that guidance of how to be a father, what to expect from parenthood and development [was a benefit],” commented one father when asked about the benefits of the program.

Fathers viewed peer support groups as an opportunity to share what was on their minds—sometimes very personal issues—and get advice and support. Fathers mentioned how they trusted the individuals in these groups, and some grew to form very close relationships with other parents, in some cases, keeping in touch long after the groups stopped meeting. One father described how it felt good to know he was not alone:

I was able to relate with some of the guys in the group. It helped me on my views about fatherhood. How I should go about it, and really it helped me to forgive my parents. Sitting here, talking throughout the sessions and everything, it took a weight off my shoulders. Because I was never really able to talk to anybody else about it. It was never a topic that I wanted to bring up with anybody else. I felt that the group was trustworthy enough, so I could let that off. I feel it helped me become a better father. Helped me with my patience. Just everything that I needed to work on really.

Although some fathers were excited to participate in program activities when they learned of them, others admitted they were initially reluctant to join until they realized how useful the support was.

It changed me, because at first I didn’t want nothing to do with the home visiting and stuff like that. Then when I got there, I got to thinking, “Okay, they’re trying to help me be a better father to my kids,” so I really liked it. [The home visitor] started coming there. He helped us.... He talked to us about how to take care of your kid, how to take care of your family and everything. I really

liked it...they just got me to open up, just go outside or go to fathers' group and talk to the family, talk to people, get whatever's on my chest, get it off my chest.

Staff members running fatherhood program activities agreed that fathers enjoyed being a part of a group and learning from other fathers. A program director explained it this way:

They really appreciate the one-on-one and home visiting, and along with that, the more they get to know, the more they crave being with other men. They can ask questions to each other like, "Man, how do you really make that work?" Particularly because so many men we serve didn't grow up in situations with a dad themselves. We'll have a man that for three to four generations, they haven't had a male figure. The things some men would learn by seeing Dad and Granddad, we have men who have never seen that.

PROFILE 2. EXPERIENCED FATHER

Raymond and the father support group

To me, if you're a father, that means you're involved with that child on a daily basis or as much as you could. That's what I've always wanted to be anyway as a father.

Raymond is a 37-year-old African American with five children between the ages of 7 months and 10 years. Four of his children (all with his fiancée) are enrolled in the home visiting program. He lives with those four children and is with them all day as he is currently unemployed. He also has a son, age 10, from a previous relationship. Raymond acknowledges how stressful it can be to be a stay-at-home parent. To him, fathers struggle hard to “survive for their kids” and yet get no credit in broader society.

Raymond and his fiancée have been involved in the home visiting program since his fiancée was pregnant with their first child. He found out about the fatherhood program run by the home visiting program agency through his fiancée's home visitor. Though at first he was not interested, his fiancée encouraged him to go and he has continued participating for the past three years.

Raymond believes that programs that include both parents still focus heavily on the mother and “the father is more of a second afterthought.” He thinks that programs need to offer something special to fathers, perhaps incentives like bus passes and point systems.

You've got to think there's nothing special being done for fathers like that. You know what I'm saying? Everything is done for the mother or the child. They really don't do nothing for the fathers.

Raymond also explained that as a father he sees his role as provider and protector, and home visiting programs need to understand that.

What you got to think is you're asking for somebody's time out their life. A lot of fathers feel like, “Man, I could be doing something productive and getting me some money for my family [rather] than be sitting here.”

As an experienced father, Raymond feels that he knows much more than the first-time fathers in his group meetings. He likes being able to share his experiences and talk with other men.

I just don't know too many men that would sit and listen to a woman talk about a man and believe she understands his situation....It's easier to have a man there to be able to tell you, “We're talking about us. We're talking about men. We're expressing us.” It's almost like having your homey there and you're watching the big game.

Knowledge of Child Development and Parenting

Fathers most commonly reported the benefit of learning about child development and parenting techniques. At least three out of four fathers gave examples of the parenting information and skills they learned. First-time fathers in particular appreciated the abundance of information and parenting support they received through home visiting and fatherhood groups. Yet even experienced fathers felt “enlightened” and “more prepared” and expressed how they wished they had known this information before they had their first child. Fathers pointed out that children do not come with a manual. Home visitors were experts who knew the answers to all their questions and were readily available to assist them as needed.

Preparing for Baby’s Birth and Early Caregiving

Fathers who were involved in prenatal home visits emphasized the importance of those visits. They felt more prepared to care for their newborns and to support their partners through pregnancy, labor and delivery, and breastfeeding. In the case of one couple, their home visitor took them on a tour of the hospital maternity ward so they would feel comfortable with every step of the laboring process; in another case, the home visitor was present during the delivery since she had been such a support to the couple during the pregnancy. Many fathers were nervous about caring for their newborns, and the program gave them the confidence they needed. One father said, “I was more worried about what I would do alone, like, I’m going to drop her. I’m going to pick her up and her fingers are going to break! What if her head falls off? It was all typical stuff.” Fathers learned the basics of caregiving—swaddling, diapering, safe sleeping positions, soothing strategies—as well as how to be sensitive to babies’ signals. Learning about healthy eating habits and the hazards of smoking were important lessons for several fathers; two had quit smoking as a result of the program.

One father was 50 years old and had become a single, first-time father when the mother of his child passed away soon after giving birth. He turned to the home visiting program for support and had learned a lot about caring for his baby:

Don’t have anything in the crib with him—stuff I would never thought of—or don’t sleep with him, you could roll over....I mean, I was at ground zero, and they just filled me up with information. She’d give me little things to look out for, and what to feed him, and what not to feed him, and just try to keep a normal schedule....I didn’t know anything.

Some fathers described how they wanted to be involved in the care of their babies but did not know their role. They deferred to mothers to handle primary caregiving activities. One first-time father was 21 when his daughter was born. He said:

I didn't really know how to get involved in my daughter, when she was first born, at all because I couldn't feed her....I honestly didn't know how to give her a bottle because my wife, she was breastfeeding. We had swings so I couldn't rock her to sleep....It was like how could I really get involved? It has helped me learn...how to actually get involved and make her smile and things like that and encourage her. I didn't know that congratulating her for every little thing that she does, clapping and saying, "Good job!" is something that's actually good. They understand that even at that young age.

Mothers agreed that having fathers participate in their home visits and fatherhood groups helped prepare them for fatherhood and made them more involved with daily care activities. That was particularly true for fathers who knew very little about babies. One mother shared her views:

I think men have an issue sometimes with handling the baby when they're really small because they're very overwhelmed, and they don't really have the maternal instinct that we do to nurture. They're kind of like, "I don't know how to help you." They distance themselves. This helped him stay more involved because they gave him ideas on how he, as the dad, could step up and help me and help the baby....Being a dad is not just putting food on the table. Being a dad is also being involved with the baby, and it helps them come up with ways to be involved and to help when things are stressful.

Developmental Milestones

Fathers really liked the fact that home visitors "came and they let us know everything we needed to know before it even happens." Home visitors screened children for developmental milestones and explained to parents what skills children should be demonstrating at their current age, what skills they should be achieving next, and how parents could foster their learning. Several fathers gave examples of the language and motor skills their children had achieved and tips home visitors taught them, such as encouraging tummy time and reading to children. As one father explained:

She has given me unlimited amount of resources, has recommended me to so many places. She's printed out packets and books for me...so that we can see if the baby's okay or if we need further help. Yeah, it definitely has helped a lot....Because like I said, I had no idea what I was getting into besides I had to raise this thing...they're just teaching me how to be a better father every time they come. Every question I have, they have the best answer for it. I just try to comply with the answers, because I know they're not wrong, because they haven't done anything wrong so far to me or my son.

Even experienced fathers learned a lot about development and teaching strategies.

I've already had one daughter, and I wish I had known ahead of time how you develop as a child, stuff like that, mentally and physically. It would've been helpful knowledge to have back then, to know before she was born, what to expect, what to prepare for....Basically, I just figured [the program] to be one of those "tips and tricks" things for parents, help them get sleep at night, stuff like that....I never expected it to delve into—as deeply as it has. Telling us...how our brain activity works at like one month, two months. It's been pretty surprising.

Developmentally Appropriate Discipline Strategies

Most fathers discussed how their program taught them strategies to effectively discipline their children, something they had been struggling with as a parent. They learned about using time-out, behavioral charts, and other techniques to respond to children who misbehaved or were having a tantrum and to not immediately turn to yelling and spanking. They also learned to have reasonable expectations for their children's behavior on the basis of their developmental level and how to take the perspective of a child. "You have to put yourself in their shoes" and "make sure they understand why you are doing what you are doing."

A father of six children was participating in the home visiting program with his girlfriend and 19-month-old son, the youngest of the children. His home visitor provided a tremendous amount of support and information, not only for the focal child but also for the older children; one child had attention deficit hyperactivity disorder and another had asthma. Learning strategies to discipline the children was one of the most notable things he gained from the program.

At one point in time, I would just spank their butt if they did something wrong, but [the home visitor] was like, "There's other techniques you can use besides that to get your point across...." He has this corner technique. You just stand them in the corner. I tried that and I would stand them in the corner for like five minutes at a time, but he had to tell me you're not supposed to do that. You can only stand them in the corner as old as their age is. If he's seven, he's not supposed to stand in the corner no more than seven minutes before you have to take him out of the corner. I was like, "No, he can stand in the corner for ten minutes." He's like, "No. You're supposed to—no more than seven minutes at a time." I go, "Okay....Well, what about the three-year-old?" He was like, "No more than three minutes and then he has to come out of the corner." I'm like, "That doesn't make any sense. What's the purpose of standing in the corner?" but I mean it works!

Anger Management

About one-third of fathers discussed how they had grown as a person and learned to be more patient, calm, and tolerant. They recognized that they had issues controlling their temper and were reactive when their children cried or misbehaved, or when they had disagreements with their partners. Talking to other fathers in fatherhood groups and with male mentors was especially helpful in teaching them strategies to deal with their anger, stress, and frustration—such as taking walks when upset and taking a breath and counting to three before responding.

One father at Site 5 (which offered a separate home visiting program for fathers) shared that one of the main reasons he signed up for home visiting was because he wanted to learn to manage his anger:

Back in those days, I had a lot of stress because so many crazy things were happening. I wanted to learn how to be—cannot just take my anger and discharge my anger over my children.

A young father who was participating in home visits with his girlfriend and attending a father support group talked about how he is much calmer and patient with his children now. "When you have a child, you have to have patience. That was one thing that I really did get help with from this program, is knowing how to handle certain situations with kids.... Oftentimes, I have to remind myself even though he's smart, he's still only three."

Another father reported how child protective services investigated his home several times in response to unsubstantiated child abuse claims. He openly shared his experiences as a father and how he is still the same man but is now more "compassionate" with his children. He has learned to be patient, to take breathers, and to deal with his anger more constructively. He explained how his fatherhood group has changed him:

I never been able to emotionally tell what's on my mind...by talking out, you either alleviate the problem, or you will be out there [at the group meeting], and don't worry about it. By the time you go home, you won't even remember what you're mad about, and I like that.

Better Communication with Partners

Over half the fathers commented on how their communication skills with their children's mothers improved as a result of program participation, and how they felt closer in their relationships. Similar to learning how to be patient, responsive, and understanding of their children's needs, they also learned how to take the perspective of their partners and to talk through their differences rather than argue.

I thought at one point I had it the hardest because I'm working and she's at home. Then you start to realize that the kid is hard work, too....I learned that I need to take turns. Maybe one night I'll take care of him during the night and she gets to sleep. The next night she'll do that so I can sleep. Then we just keep constantly taking turns for stuff....Not always the same thing, same job, for the same person every time because that stresses people out.

Home visitors worked with couples on co-parenting skills. Some parents had different views on how they wanted to discipline their children, for example, and home visitors counseled them on listening to each other and on problem solving. Fathers used group meetings with other fathers to discuss issues they were having with their partners and to get advice from mentors and peers.

A few fathers mentioned how they have “stepped it up” and become more responsible as a family man. One of those fathers felt he had become better at communicating with both his child and his wife as a result of both the home visits and group meetings he had attended.

I used to not clean; I used to not do none of that stuff. I used to be one of those bums, one of the bad dads. Then, when [the home visitor] started coming, I was like, "I'm starting to realize I'm not doing my job. I'm not being a father. Really just being a bum." It helped me interact with [my son]....If he's crying, I try to solve it. I used to not. I used to be, "[Wife], I don't know what he wants." That's great. I interact with [my wife] better...I'll help her if she needs something. We actually sit down, we talk better now.

According to program staff, having fathers involved early on in home visits provides mothers with the emotional support they need. “Knowing that they’re a team and they’re doing this together” reduces mothers’ stress level. “When you have the shared responsibility, people will be more relaxed and patient,” which is better for children. A home visiting supervisor explained:

They feel so much better about their baby and family. They know the baby is getting love from two parents. They know their partner cares about them....it's so strengthening for a mom to have a dad involved, especially at a young age.

PROFILE 3. FIRST-TIME FATHER

Mauricio and his home visitor, José Luis

Mauricio is 32 years old and works the night shift as a bar-back. He was born in El Salvador but has lived in the United States for seven years. Mauricio lives with his wife and their two children: a three-year-old daughter and a two-week-old baby. Mauricio's older child has been receiving visits from their home visitor, José Luis, since she was only a few months old and, at the time of the interview, Mauricio was excited for visits to start for his newborn as well.

Mauricio learned about the home visiting program when he took his daughter to her first appointment at the local community health center. They asked him if he was interested in seeing someone who could “help him with his daughter.” Mauricio explained that in the beginning he did not want to participate because he thought it would be a waste of time, and his work schedule kept him really busy. Soon, Mauricio realized that he could use some extra help.

I couldn't attend the first appointment we had because I was very busy, working. But afterwards, I called them because I felt like something was missing in the way that, when we are new parents, we don't know what to do...taking care of children is not just giving them the bottle, giving them food, changing their diapers....Even though we are parents, we don't come with a manual.

When we asked Mauricio about a typical home visit, he simply said, “Happy.” He and José Luis play with his daughter, learning by observing her behavior. José Luis brings developmental activities each month to see how the daughter is progressing. When she was little, the home visitor helped her learn how to go up and down stairs. Now that she is older and enrolled in child care, she is not home as often when José Luis visits. But Mauricio says that he learns a lot from José Luis, and his “homework” is to apply that new knowledge when his daughter comes home.

As a father, the program has given Mauricio a better understanding of his role in the well-being of his child and his family.

I have learned to understand my daughter better. I have learned more about who I am....They help a lot in controlling yourself and how to behave in a situation when, for example, the children are making a mess. Sometimes, there are fathers who don't know anything about this and they don't have help, and in that situation they grab the child, hit them, mistreat them, and yell at them, like that. They explode. The father program has helped me to control myself on my own.

Mauricio considers the home visit beneficial for his daughter, for him, and for his whole family.

Yes, it has helped me a lot. [The home visitor] has worked...he doesn't just work with “the little ones” as we say, with the ones he has to work with; he also works with the fathers. He treats the father and also treats the parents.

Linkages to Employment

Fathers in three of the five programs discussed how home visitors helped them find employment or get connected to vocational training. Home visitors also helped with résumé writing and interviewing skills. That assistance was most common in programs that had caseworkers or mentors who worked specifically with individual fathers.

Home visitors learned about jobs in the community and would notify fathers of opportunities. Some home visitors actively searched on behalf of their clients, finding possible employers and offering recommendations. One fatherhood coordinator explained, “I had some of my [clients] hired at the poll because today is Election Day.” At another site, a caseworker looked for jobs on Craigslist and signed up to get job advertisements by e-mail, which he sorted through and shared with clients. A young father at Site 3, which serves primarily teen parents, had been looking for a job. His home visitor helped him find job announcements and fill out applications and had been taking him to interviews whenever he needed to go. The home visitor helps so fathers “don’t get stressed out.”

In some cases, fathers knew the type of work they wanted to pursue but needed assistance to obtain a job. For example, one father wanted to become a mechanic, and his home visitor helped him get a job at a local auto store where he could get his foot in the door and begin learning about cars. Another father wanted to start a catering business, and his home visitor researched the necessary steps to get a license and told him everything he needed to know, where to go, and how much it would cost.

Site 2, serving a particularly economically depressed area, focused specifically on vocational training to help fathers and mothers develop skills for the few careers available. As one father explained,

They help me get into programs that I never heard about before, like [vocational rehabilitation program], I never heard of that before....When they actually said [vocational rehabilitation program], I said, “So what is that place for? I don’t need no rehab. What is going on here?”....And she explained it to me, “Well, you get a career.” I was like, “Oh, okay. Thanks.”

Those services were available to participating mothers as well, but staff members working with fathers identified them as particularly critical for men. Because fathers see their role in the family as a provider, staff respondents explained, helping them find a job was key to keeping them connected to the family and to reducing the likelihood of their leaving. As one staff member said:

With fathers, they care [about the child development], but it’s more important to focus on their goals. They see themselves as the breadwinners, and a lot of time they are looking for jobs, they are looking for a GED. If you show them you are engaged in their goals and you show them results, they will come back.

Linkages and Referrals to Community Services and Resources

In addition to linkages to employment, home visitors referred fathers to services and resources in the community to help them reach their goals. Referrals for mental health counseling was most common; Sites 1, 2, 4, and 5 all provided referrals for mental health counseling, with Sites 1 and 4 having strong connections to individual counselors who would provide free or discounted services to program participants. At Site 1, anger management counseling was repeatedly cited by fathers and home visitors as an important referral, to help stabilize the family and reduce the risks of domestic violence and child abuse. Home visiting staff identified mental health services as particularly important for the high-risk fathers they serve. The fatherhood coordinator at Site 4 emphasized the frequency of undiagnosed depression among fathers and the necessity for treatment. He tied absentee fathers to undiagnosed depression:

Something I think that goes undetected: depression. A lot of black men suffer from that and nobody does anything about that. Multiple children by multiple women is depression—sex is a drug, that's depression. They make these irrational decisions.

Staff respondents also mentioned referring clients to housing and veterans' programs, nutrition assistance, Medicaid, temporary cash assistance, children's early intervention services, parenting and childbirth classes, and legal services. Sites 2, 4, and 5 had strong connections with government services and helped clients apply for public assistance; Sites 2 and 5 were colocated with the Women, Infants, and Children program and offered connections to those services. Site 5 also provided referrals to programs and services of particular interest to noncustodial parents, including discounted legal services.

Although not as common as other stated benefits, several fathers acknowledged how helpful it was to be connected to other programs and services. Home visitors helped some fathers find housing. For example, one family was struggling with homelessness, and the home visitor referred the father to a nonprofit that helps homeless veterans locate housing and work opportunities. A large family was living in crowded conditions that concerned the home visitor; he advocated for the family to get them into a subsidized housing community and helped them find donated furniture. Several fathers mentioned receiving help accessing food assistance.

Well, they've helped us when we were low on money. They helped us get food, and certain information, like where we can go and get something like food stamps, or if we needed help with any other kind of thing, they would always just give us any information we needed for it.

When asked what he was looking for in the program, a recent widower stated:

I did go through that period of just being depressed, like my life is over and this is all about [my son]. [The fatherhood coordinator] gave me different information to read and look at, and that was very helpful...letting me know that I'm not the only one, even though a lotta times I feel like the only one, but—told me I'm not alone, and I can reach out to them and call them at any time, and if he didn't know, he'd put me in touch with the right people. It's been the whole network.

All those referrals helped parents, and specifically fathers, work toward their goals of positive mental health and self-sufficiency. They also helped to embed fathers more deeply in their communities so they could better provide for their children and families.

PROFILE 4. NONRESIDENT FATHER AND MOTHER

Daniel and Dayana balancing life as a young, unmarried couple

Daniel is 22 years old, Hispanic, and a junior in college who currently works full-time as a residential counselor. He lives apart from his teenage girlfriend, Dayana, and their two-year-old son, who live with Dayana's parents. One challenge for Daniel, like many fathers, is balancing work and family responsibilities. "I'm a full-time student, I'm a full-time employee, and I'm also a full-time dad. That's my number one job."

Dayana gave birth to their son while she was in high school, and she found out about the home visiting program through the school nurse. Daniel says that at first he was nervous to bring someone into their lives, but he grew to trust the home visitor because she treated them with respect.

She was like, "If you guys ever need anything, just call or text, we'll be here." Every single time me or my girlfriend have a question, the home visitor has no problem with answering it, getting us resources to answer it if she can't answer it.

Daniel has been particularly glad for the resources the home visitor brings them on development milestones because he has worried about autism. For him, the most important part of the program is that she answers his questions and helps him find the resources he needs. He also likes watching the relationship develop between her and his son because his son really looks forward to her visits.

As a busy father, Daniel says he participates in visits about 4 out of 10 times, even though the home visitor tries to meet in the 30-minute window when Dayana is out of work and before he goes to class. "She's always willing to meet us at the weirdest times." Both Dayana and Daniel agreed that the home visitor is encouraging and welcoming of Daniel's participation. Even when he cannot physically come to the visit, he will leave questions with Dayana for her to ask the home visitor.

Dayana wanted Daniel to be part the visits so that he would feel more involved with their son.

I don't want him to feel like I'm not keeping him in the loop or I'm trying to distance him from the baby and what's going on. I just wanted to bring him in more closer so he can feel more attached in whatever we're doing since I do live with him [my son] and my boyfriend lives on his own. I didn't want him to feel like I'm pushing him away.

When asked about how to engage more dads like him, Dayana and Daniel both said that the program is really encouraging, but the main motivation has to come from the father himself. Daniel said:

The program really didn't bring me in to be in my son's life. It was more of a conscious decision that I wanted to be in my son's life, but they definitely got me through the rough times when I was like, "If I just leave, I would never have to worry about this again."

Summary

According to the fathers who participated in home visiting program activities, their partners, and the staff members who serve them, fathers benefited from being a part of a peer community and having mentors and role models from whom they can learn about fatherhood. They gained important knowledge about child development, basic caregiving, and effective parenting strategies, specifically discipline techniques. They grew as individuals and learned how to better manage their anger and communicate more effectively with their partners and children. They were also linked to job opportunities and community resources that helped them better provide for their families. Fathers appreciated having a program dedicated to fathers and the time, attention, and expertise of home visiting staff.

Chapter 8. Challenges to Engaging Fathers in Home Visiting

Participating program staff members were asked what challenges they perceived to engaging fathers in home visiting, while fathers were asked to talk about the barriers to program involvement that they personally experienced. Several themes emerged, including (1) maternal gatekeeping and gatekeeping by grandparents, (2) safety of clients and staff, (3) staff resistance, (4) logistical challenges, and (5) program funding. Staff respondents also described the specific difficulties they experienced in reaching teen fathers. Each of those key challenges is discussed in detail in this chapter.

“Gatekeeping” by Mothers and Grandparents

As discussed in chapter 3 on program context, mothers (and pregnant women) are typically the primary home visiting clients, not fathers; accordingly, mothers are the focal point of recruitment. Once a female client is enrolled, she ultimately determines if she wants the father to be involved in any way and to what extent. As one home visitor described, “The moms run the show and control the situation, whether the dads get to see the child or whether they know who the father is. So that’s a tough one.” Another corroborated that point: “The mothers pretty much have the power....The mothers say you’re in or you’re out. So if they say the dad is in, he’ll stay involved.”

In general, staff reported that most female clients want fathers to be involved in the program, but maternal gatekeeping is a common challenge. Staff at Site 5, which had a separate fathers’ home visiting program, found their clients’ partners to be supportive of their participation. Only in a few rare cases did current or former partners have a problem; one divorced father who was interviewed explained how his ex-wife would sometimes prevent him from getting his kids on the days of his scheduled home visits. In another family, the mother had a negative bias toward the program because of bad experiences with social services.

In many cases, home visitors serving female clients described how, if they do not directly meet fathers while in the home, they provide mothers with information on services available to fathers with the expectation that mothers will pass along the information. But as a doula in one program described, “If a mother thinks, ‘He ain’t gonna do that,’ she won’t pass it along.” The doula further explained how she did whatever she could to encourage fathers’ participation in home visits: scheduling at convenient

times, meeting wherever the parents wanted to meet, such as a library or fast-food restaurant—particularly for parents not living together—and even providing transportation for nonresident fathers to take them back and forth to the mothers' home. But such strategies were possible only with the mother's consent. "If Mom is like, 'Yeah, no, I don't want to do that,' then we don't." Home visitors in other programs agreed. They can tell mothers how important the child's relationship with the father is, but it is ultimately the mother's choice; the home visitor is not there to tell the mother what to do but to support her choice and to "present her with information to let her know what's healthy."

The extent to which gatekeeping was a challenge varied by program and even by individual home visitors within each program; some staff members had faced more resistance from mothers than others. The reasons for gatekeeping were explained in several ways, as detailed in this section.

Parents No Longer in Relationship

According to staff reports, gatekeeping is most evident when parents are no longer in a relationship. If the mother is not in a romantic relationship with the father, she often does not want the father present for her home visits and does not want to share information with the father about program activities for fathers. The quality of the relationship usually determines whether mothers are supportive of engaging fathers. When the relationship is strained, mothers are more likely to "play mean and keep him away." One program director estimated, for example, that only 50 percent of clients were still in a relationship; among those not, only about 1 in 20 fathers are involved with the child. She described how her program was handling gatekeeping among those clients:

So we started doing this series at community council on relationships so that the moms who attend can start seeing you [and] ideally want to be in a relationship with that person, but if the two of you are on the outs, you still have to think of the baby....You do the teaching and education, what it looks like, what it should be, then get them to talk about how things could be different with the hope that they will encourage dads to be more participatory in the home visits.

Respondents pointed out that the status of relationships is not a stable condition, particularly among young, unmarried couples. In one common scenario, the father is involved prenatally but the couple breaks up before the child's birth, with the father becoming uninvolved as the mother cares for the child. Home visitors in one program highlighted how mothers are most interested in having fathers involved—and fathers are equally interested—for prenatal visits to learn about labor and delivery. As one home visitor commented, "There's a lot of fascination with the labor and delivery part. During that time is when the mom needs support most...that's when the father feels it's his time to be involved." During the last few weeks of pregnancy, and first two weeks after birth, fathers were reportedly in

home visits more often, making it a good time to talk to him about participating in services. Program staff respondents expressed how the timing of father engagement matters; engaging fathers early on in children's development is most advantageous. "I think if the father has made [an] effort, the mothers would be more likely to let them [be involved]."

Young Age and Immaturity of Clients

Besides the quality of the relationship, the age and maturity of parents largely explained maternal gatekeeping. In the program serving first-time parents, primarily those ages 20 and younger, one home visitor stated:

I feel like a lot of the girls we work with, they're like, "We're so good," and then the next week they hate the dads. We don't hold anything against the dads and so we invite him in, and then the mom might not want him there. It depends on the state of mind of the mom.

Her colleague added, "I think some of it is maturity—[fathers] say bad things on Facebook or don't want to pay child support." The instability of teen relationships makes it challenging to engage fathers and keep them involved.

Further, many young clients live at home with their parents, creating the possibility of the focal children's grandparents acting as gatekeepers. At the sites serving predominantly mothers as primary clients, the theme of grandparent gatekeeping emerged across staff respondents. Typically, it is the maternal grandmother who does not get along with the father and, consequently, does not let him in her home for visits and discourages her teen daughter from getting involved with him. As one director well described, "We have family issues sometimes—if a family is in denial of the father, or they don't want him to be involved—there's a lot of blaming or guilt involved with the grandparents." A 20-year-old father who was interviewed talked about his strained relationship with his girlfriend's mother who will no longer let him in her home. He currently lives with his father, but he used to live with his girlfriend and her mother until he was kicked out. He has moved back and forth between households several times following arguments at both ends, and he has recently done some home visits at his father's house since he cannot visit his infant son where he lives.

How grandparents respond depends on the age of the client, her relationship with her parents and the baby's father, if the grandparents like the father, and other family dynamics. The staff interviews stressed how earning the trust of grandparents is critical. The fatherhood coordinator in one program serving teen parents says he usually asks to speak with the father of the female client or whoever is in charge of the family to gain his trust before trying to find out who the child's father is.

Mothers' Lack of Confidence in Fathers

For mothers whose children's fathers were present in their lives, gatekeeping is often driven by mothers' lack of confidence in fathers and their ability to care for young children properly. Staff respondents in one program explained how they work hard to teach men how to be better fathers, and fathers get excited about it but then face resistance from mothers who question their competence. They further explained that program staff members need to train mothers to let dads into children's lives—an issue they are currently working on. "I try to say, 'Well, you got to let him try, because if you don't, then he won't do anything,'" said one female home visitor. Similarly, another home visitor shared a story of a teen mother who was frustrated that her boyfriend's mother—and not him—was doing the caregiving when he had visitation. She did not want the father involved in the home visits anymore because she was upset that the grandmother was telling her how she should parent.

In another program targeting female clients, a home visitor described how she just signed on a father as an additional primary client. She had told the couple that if the timing did not work out and they could not do the visits together, she could always schedule them separately. However, the mother responded that the father could not be alone with the baby because he gets stressed out and angry easily. The home visitor responded to her, "I remember when you couldn't handle the baby. You learned and he'll learn, too, and it'll give you a break." She gave the following advice for other programs: sometimes, it may seem easier not to bother engaging fathers (when the mother is the primary client), but you need to make an effort ahead of time, plan, and be prepared to do separate home visits to reach them both if necessary.

One program director explained the importance of teaching co-parenting. "Men are not the only ones who grew up with fatherlessness, so have women," he stated. "You get to the point where women say, 'We don't need them. We know how to move this thing along.' So they actually put up barriers." Mothers had learned that women could raise children on their own without the assistance of men. Their personal perceptions of the role of the father (or the "absent father") drove them to handle caregiving responsibilities on their own and to keep fathers away.

Mothers Want Home Visits for Themselves

Although less frequently reported, several program staff members described how mothers sometimes want to enjoy the home visit one-on-one without their child's father. One director explained,

Some moms might say, “This is my program, why are you talking to him? If you’re going to involve him, I’m not going to be involved. Why do you even want to talk to him, he’s a jerk?” [In response,] we go back to the kid. What do you want for your child? Let’s talk about that. And then sometimes the response is, “No, this person wouldn’t be good for my kid.”

In the same vein, one home visitor highlighted the issue that mothers do not talk as much during visits when couples meet with the home visitor together. They say everything is fine when it is not, in fear of speaking up in front of the father. When the father is not around, they open up and talk more freely. That same home visitor described a case where the couple always fought during visits until the mother finally said she did not want the father to join anymore, and she did not give the father a chance to discuss it.

Similarly, a few mothers interviewed for this study expressed enjoyment in having one-on-one home visits. A 19-year-old pregnant client described how her boyfriend was often a distraction during home visits, and she felt she could pay better attention without him present. She found the information that the home visitor provided very useful; although she wanted her boyfriend to learn along with her and saw the benefits of his participation, she preferred meeting with the nurse home visitor without him and later sharing the information she learned with him. “I got to be more focused on it than he do, because it’s my body,” she explained. Her 21-year-old live-in boyfriend who was later interviewed described how he is “always there” for the home visits. “[The nurse] asks me questions sometimes, but 9 times out of 10 I’m asking her questions, because I like to know what’s really going to be going on. I ask a lot of questions myself, and she’s busy.” He felt encouraged by his girlfriend and the home visiting nurse, suggesting that his girlfriend was not gatekeeping, but together the couple’s interviews highlight the challenge of balancing one-on-one case management with engagement of the whole family. Note that the mothers who participated in the study are a select group because their children’s fathers were all involved in the program to some extent; therefore, gatekeeping was not an issue among them.

Giving adequate attention to both parents—as well as other family members involved—was a common theme among staff respondents. That was particularly true in cases where only one home visitor was assigned to the whole family, instead of separate staff members for each parent (such as a female home visitor for the mother and a male fatherhood coordinator or mentor for the father). In one such program, a home visitor described a case where both the mother and father had signed on as primary clients, meaning both would participate equally in the program and receive home visits—together or separately, depending on their availability. But the father’s cell phone was not working, and so the home visitor had to go through the mother to get in touch with him. She felt the mother’s mental health problems and insecurities about what the father would say to the home visitor were causing the mother to be resistant and to isolate herself.

Addressing the needs of both parents was also evident in the home visiting programs directly serving fathers. One male home visitor explained how the program is inclusive of mothers since "supporting moms will make the household safer for children," and ideally all mothers would be involved in the visits with fathers. However, he has to prioritize his focus on the fathers since that's the purpose of the program. He mentioned a case where it was hard to get time to focus on the dad because the mother demanded all his attention to deal with her personal issues.

Meeting the Needs of Teen Fathers

As previously described, gatekeeping was a common challenge among teen parents who had unstable relationships and who lived with their own parents. Program staff respondents also described the larger challenge of engaging teen fathers, given their developmental level and multiple needs. Many fathers were still children themselves. As a program supervisor described,

Sometimes, their age can really be a challenge. We had one dad who was 15, and we'd get there for the home visit and he'd be playing outside with his friends. When they're really young, they're so immature still. Developmentally, their brain isn't ready for what's happening.

Overcoming hurdles of trust building and communication given a father's level of maturity was challenging. Program curricula often require asking fathers questions to get them to think differently. "You can't have the same expectations of a 16-year-old boy that you have of an 18-year-old or 25-year-old boy. You can't have the same expectation of a 16-year-old boy and a 16-year-old girl," a state home visiting program director commented.

Young couples often enter the program prenatally with "an idealistic view of how their lives are going to turn out." For the most part, the young women want their partners to be involved. One home visitor who works with many teen parents said, "They envision that they'll be the family that has a child that stays together forever. It does happen in some of the cases. The younger ones don't realize how hard it is to have a family, keep a home, and work." She went on to describe a specific case:

I have a couple where the father is 15 years old and he comes on a skateboard to the home visit....He wants to get a part-time job and go to high school, because he wants to be able to financially support his child, so it's getting tricky with him because that's a lot to handle. A lot of my participants can't juggle too many tasks at once. I would say to teen fathers—"it gets harder." They're also struggling with the relationship piece. They might start bowing out because the relationship isn't healthy and they don't know what to do, so they shut down and run away.

Most teens live with their parents and are not on their own, further complicating service delivery. Parents of the teens must sign a consent form for program participation, and many want to be present

during the home visits, leaving little privacy for teen parents to discuss sensitive issues they are dealing with. As one home visitor described, “We have so many people living in very small apartments. Up to eight people in a two-bedroom apartment—that’s a really stressful situation. It’s hard to even have the home visits with privacy.”

Another home visitor discussed the challenge of balancing the focus on the primary client with including and supporting the whole family—particularly when grandmothers may think they know best and judge the home visitor’s actions.

We have some grandmothers that are overly involved. I think over time the home visitors do a good job of integrating those families and letting them know too that the home visits are really for the parents. Ideally, the parents want to move out and be self-sufficient.

A male home visitor who was working with teen fathers felt he sometimes needs to remind the grandmothers of their boundaries. A client’s mother might think the father is doing something wrong and wants the home visitor to tell him he is wrong. She might have her own agenda that she wants the home visitor to follow to change the father. Home visitors work on building trust with the clients’ parents, but that is not easy in many high-risk families. “We’ve had one mom who has said we’re not allowed back in the house, so we have to meet in the library because he’s still interested.”

Safety Concerns

Most home visitors working with female clients reported having worked with at least one family where there was a concern about abuse, domestic or family violence, or a father’s history of substance abuse or mental illness. Some staff members were concerned about engaging the father for the sake of the client’s safety or even their own safety. As one home visitor stated, “How do you engage someone who is doing the unhealthy behaviors? You don’t want to make things worse either.” The majority of the time, staff members reported that those fathers are emotionally abusive and controlling rather than physically abusive, although the latter does occur. Rare cases of registered sex offenders who were prohibited from entering the agency building for fatherhood activities and fathers with restraining orders were also mentioned.

Child welfare agencies refer or mandate participation for some families following episodes of family violence or reported child abuse; those high-risk fathers are particularly challenging to engage, but one home visitor commented that she feels more comfortable getting that referral and knowing the

situation up front rather than walking into a home not knowing and suspecting potential abuse. For her, it is easier to manage the father and the safety of the family when child protective services is involved.

As mandated reporters, home visitors mentioned cases where they have had to report fathers who are threatening the safety of the child and mother, but they run the risk of upsetting fathers and even pushing mothers away.

Sometimes, you do tiptoe, because you want to give that support, but you know they can very quickly shut the door on you and say, "No, you cannot come back." Then, that's not any help either. Then, you try to mediate the best you can. If it became a safety issue for the child, then you have to do something.

In some cases, potentially threatening fathers are present in the home during visits so home visitors need to adjust their approach and not "push any topic that would get her in trouble," at least not until the home visitor and mother are alone.

It's a subject you have to tread lightly on. You may come in prepared to talk about something, and it might just not be the time to do it. You have to pick and choose when the safest time is.

Additionally, staff respondents mentioned that some mothers prevent fathers' involvement because of concerns about their families' safety and well-being. The doula in one program serving a teen population commented, "You never know what's hiding between them." She described how she and her colleagues implement a sexual abuse curriculum and have since learned that many clients got pregnant after having nonconsensual sex. They were very surprised by that finding—especially in cases where they had believed the parents were a consensual couple. She and other staff members in the program subsequently changed their approach to father engagement to be more mindful of such situations. As she put it, "I thought, 'I was encouraging you to be involved with him and you were scared to death of this person.'" Staff members in this program in particular felt they had to walk a fine line between convincing mothers to permit access to fathers and respecting mothers' wishes not to involve fathers. That was particularly true of parents who were no longer in a relationship, but even in cases where parents were still a couple, staff members expressed some concerns about fathers who were very controlling of mothers and, in some cases, even threatened their own personal safety.

In cases where mothers do not want fathers around them, home visitors in two programs suggested that the male fatherhood coordinator in their programs could still try to meet with the father independently and could try to recruit him for fatherhood activities. They saw this approach as one benefit of their staffing model. Moreover, having a male reach out to fathers rather than the home visitor herself protected the relationship between the home visitor and the mother in those vulnerable situations.

Staff Resistance

Interviews with program leaders show that some home visitors may be resistant to engaging fathers, given their own personal relationships with and perceptions of men. At two of the five sites in particular, program leaders described how some female staff members have life circumstances similar to the clients they work with—growing up without a father or being single mothers themselves. They worried that home visitors were not emphasizing to mothers the importance of engaging fathers.

We found that many of the case managers had problems with their own dads, or in their marriages. Some were single moms. So when we said we have this new male involvement program, and when the mom said he's not involved, the case manager would not facilitate the connection.

Program leaders discussed how they train staff members to overcome their own issues with fathers.

We have had extensive training on addressing your own personal relationship with men or dads and so forth....The women doing case management have to come to terms with their own personal relationships....We have to depend on case managers engaging dads. We need them to understand to do it.

As a male fatherhood coordinator explained, "I think it's been such a female-driven type of environment, where they feel threatened or territorial about it." He felt it was his position to educate and point out that every story has two sides, and fathers need support, too. Having separate services for fathers—either a fatherhood coordinator who could meet with them one-on-one or group activities with other fathers—gave home visitors some relief; mothers could receive the individual support they needed without leaving out fathers.

Logistical Challenges

Once home visiting program staff members are successfully able to make contact with fathers and recruit them into program activities, they often face the logistical challenge of scheduling when fathers are available. In one program, for example, home visitors are restricted to a 40-hour workweek and traditionally schedule visits Monday through Friday between 9:00 a.m. and 5:00 p.m. If they have to schedule a visit in the evening after 5:00 p.m., they can come in later the next morning. But many fathers miss out on visits that are scheduled during the day while they are working. Those working a third shift have to sleep during the day, so visits have to be scheduled around both their work and sleep schedules.

Of the 40 fathers who were interviewed, 24 were employed at the time. Most worked full-time and had nonstandard hours—early morning, late evening, weekends, or overnight. Some had two jobs or worked overtime to earn extra money to support their families. Jobs ranged from low-wage positions in fast-food restaurants, factories, and landscaping to more technical and professional positions, such as electronic repair and nursing. Several fathers described the challenge of balancing work and parenting responsibilities, and how they often had to miss home visits because of work conflicts. Those who were unemployed were more available to participate.

Some fathers discussed the difficulty of joining one-on-one home visits, but they tried to attend fatherhood group activities and family outings when they could; although some group activities were also scheduled when they were working. A father in one program said:

I think they need more classes going on at different times. You got some—most of them, they go 6:00, 7:00. You got people that work in the evenings. This year's been harder for me to do it because I work 6:00 p.m. to 6:00 a.m. If they had something in the morning, I'd be able to come to it, or a weekend class. Every other weekend class or something. Because you got a whole bunch of guys that work second shift.

Besides scheduling conflicts, lack of transportation poses challenges, especially in the case of fathers who do not live with their children and in areas with limited public transportation options. Some fathers who were interviewed described having difficulty getting to group activities or to their child's home for home visits. One site supervisor commented:

It's more challenging to engage nonresidential fathers, in trying to find a time he's available. When Mom and Dad live together, there's more conflict. We can help mediate that. But when Dad is living separately, it's more challenging with logistics, because our participants don't drive often. Our agency's liability insurance changed so we can't transport anyone anymore. Unless Dad is primary, we can't do solo visits. If Dad really wants visits and they live separate, we encourage Dad to be a primary. The transportation piece is so huge.

Another program was located in a rural area where transportation was also a large barrier, particularly for teen parents who lived separately, often far apart, and who could not afford a vehicle. A doula described how she often routinely provides transportation for clients as part of her job—taking them to appointments and shopping, and transporting the father to the mother's home for visits:

I've went and picked up the father and driven them to the mom's to do the visit. Or at least offered to do that. Say, 'What do you guys want to do? We'll figure something out. Meet at the library, or meet at the McDonald's or something.'...I would offer it to try to encourage Dad.

Funding Constraints

Program managers and directors spoke at length about applying for grants to create and sustain fatherhood programs and the opportunities that grants afforded them. The search for funding and meeting the requirements for that funding consumed considerable mental and physical energy. Further, funding parameters determined the populations that programs could serve and the ways in which they could serve them. Obtaining adequate and flexible funding to hire qualified staff and to operate sustainable services for both mothers and fathers was challenging. As one staff member said, “I think funding is critical if you want a long-term quality home visiting program.”

All programs used multiple sources of funding. Federal funds were most common and were viewed as the backbone of most programs; the longer term and more generous nature of many federal grants were crucial to program sustainability. One program was almost entirely funded by a five-year federal grant, enabling the staff to spend more time on activities instead of searching for funding. But, federal funding typically entailed more documentation requirements, as well as more rigid rules regarding the population served, curricula used, and other program guidelines. State funding typically had similar requirements. Private funding was the most flexible, but also perhaps the least reliable. Many programs had close relationships with nonprofit organizations and foundations in their communities and benefited from their financial backing. In one case, a grant from a local foundation, tied to a larger corporation, enabled the creation of the fatherhood program itself.

In a few cases, programs operated from a combination of federal, state, and private funding, often “branching off” particular program components according to the funding received and its requirements. One program that received both state and federal funding was required to target different populations, by zip code, for each funding source. That requirement could cause some confusion, but it did not seem to stop the program from reaching needy families.

More generally, the staffs of all the programs had learned to adapt to different funding requirements, but some respondents expressed a desire to see both more funding for home visiting, and fatherhood programs specifically, and more flexible funding. For example, at one of the sites, the agency’s funding for home visits and the home visiting model itself are primarily geared toward serving mothers. Expanding home visiting services to adequately address the needs of fathers would require additional resources, which the site did not have. Given those funding and structural constraints, the agency chose to create a father support group and fatherhood training program with separate funding for those services.

Parents also wanted to see an expansion of program offerings. Fathers most commonly wanted more varied and frequent group activities (as discussed in chapter 9). Two mothers at two different programs who did not have access to fatherhood group activities wanted more activities for them and for the whole family. Activities that connected parents to the community were particularly valued, and from that perspective private funding was often the most helpful. For the site where private funds enabled the creation of the fatherhood program, that funding also tightened the bonds between the program and the community by connecting the program to others funded by the same foundations.

Overall, having sufficient funding was critical to program success. That factor is not surprising, but it is important to note how funding affected program choices and enabled different program components.

Summary

Home visiting program staff members face a number of challenges in engaging fathers in home visiting. At the point of recruitment, the staff members who provide direct services to mothers and pregnant women must first approach the mothers and obtain their consent to contact the fathers—or share information with the mothers with the expectation that the mothers will pass on that information to the fathers. In certain circumstances, mothers or even grandparents of participating children prevent access to fathers—primarily because of a poor or unstable relationship, because of a lack of confidence in fathers' parenting ability, or because mothers want the home visits for themselves.

Some staff respondents expressed concerns about clients' safety. They reported how some mothers deliberately refuse to involve fathers in their home visiting because they fear what fathers would say or how they would respond to what mothers share about the family, or because mothers no longer want fathers involved in their lives. Some program leaders reported having to overcome staff resistance to working with fathers.

Teen fathers who lack a certain level of maturity are the most challenging group to reach; they usually live separately from their children, lack reliable transportation, occasionally have parents who are unsupportive of their participation, and, developmentally, are not ready to handle certain discussions about parenting.

Scheduling home visits to accommodate parents' schedules when fathers work, attend school, or both, is particularly challenging. Staff members in some programs can adjust their own work schedules

to meet fathers' needs, but in other cases, fixed program hours prevent home visitors from scheduling in the evening and on weekends when full-time working fathers with standard hours were available.

Finally, insufficient resources are an overall challenge. Funding requirements limit the services that can be provided, and programs must use scarce staff time to search for new or continuing funding.

Chapter 9. Staff and Parents' Recommendations for Program Improvement and Lessons Learned

One goal of this research was to identify key lessons from home visiting program staff and parents that could be shared more widely with other programs aiming to engage fathers. Interviewers asked program staff and parents what their programs should do to improve service delivery and engage more fathers, and what they would recommend to other programs looking to do similar work. The research team coded those responses—as well as the responses to other interview questions that related to areas for program improvement and lessons learned—to provide a complete picture of the essential elements for effectively engaging fathers in home visiting. This chapter summarizes staff and parents' recommendations for improving services for fathers in their own programs, as well as advice that staff respondents shared for other home visiting programs considering the implementation of father engagement efforts.

Staff and Parents' Recommendations for Program Improvement

Several common recommendations emerged from staff and parent interviews across sites. These recommendations included (1) placing an equal emphasis on fathers during home visits, (2) expanding opportunities for peer-to-peer interactions outside the context of home visits, (3) organizing group activities for fathers and families, (4) providing longer duration of comprehensive services for fathers, (5) increasing the frequency of home visits, (6) expanding the program's outreach and capacity to serve more fathers, and (7) hiring more staff to work with fathers.

Have Equal Emphasis on Fathers during Home Visits

At each of the three sites where fathers participated in mothers' home visits, at least one father suggested the program could do a better job creating a more equal focus on the father and mother during the home visit. Although those fathers said they felt welcome to join the visits, they perceived

the activities, discussions, and questions to be focused more on the mother, leaving fathers without the opportunity they desired to fully engage in the sessions. For example, one father explained that although his child's mother set personal goals around nutrition, school, and employment with her home visitor, he was not asked about his goals and would have liked the chance to participate in goal setting with the home visitor as well. When asked about ways the program might improve, another father shared the following about his experience during home visits:

I guess for the fathers out there, they could have a little bit more things for the fathers to do with the kids. I know even though our participation is equal, a lot of times it's, "Mom, mom, mom," when she's reading the papers. The dads aren't less important....Most of the papers aren't specifically for her, either, it's just the—I don't know...it just feels like it's more about the mother.

Although some of the fathers we interviewed said they would like the same attention and focus that mothers receive during home visits, in some cases, funding and program model requirements made it difficult for programs to reach that goal.

Expand Opportunities for Peer-to-Peer Interactions

When asked about ways in which their programs might improve, staff members and fathers frequently suggested more activities for fathers to interact with each other via father-only groups. Staff members in many programs recognized that fathers were eager to meet other fathers. As one program leader put it, "Men are craving opportunities to interact with other dads." Another said, "I think [the most successful way to get fathers involved is] combinations of home visits and groups....Building comradery between the dads, but also the individualized support."

Fathers interviewed who had been unable to attend their program's fatherhood support group—either because of scheduling or, in one case, because of the program's decision to graduate fathers from the support group—asked for additional father-only group meeting times or other forums to connect with fathers. For example, one father who spoke enthusiastically about the parenting advice, such as potty training strategies, and the emotional support he received from his peers in the fatherhood group lamented that he could no longer attend because his work schedule changed. He recommended that the program reconsider the timing of the meetings in the hopes that he might be able to join once again. At other sites, fathers who were attending father support group meetings suggested that their program might improve by offering those meetings more frequently. One father proposed increasing meetings from once a month to twice a month, whereas a father at another site suggested moving from twice a month to once a week.

In two of the three programs without an active fatherhood group, staff respondents emphasized that fathers would benefit from the establishment or reestablishment of that forum. Site 2 had a peer support group for mothers and an open parents' group in which both parents could attend, but the program director saw the value of implementing a peer support group specifically for fathers:

You think of 16-year-old-boys. We put a lot of expectations on them. I think they get a lot of support from each other. When they do come together at an event, they really can relate to each other. It's really great to have a support system. We've talked about doing some dad support groups. They really get a lot from meeting each other....I'd want to reach out to some programs that have done it and see what models have been successful. I would want to make sure we tailored it to the needs of the dads.

Multiple home visitors at that site echoed that sentiment. They reported how fathers in the program were asking for their own group after the program began a mothers' group. According to those home visitors, it seemed fathers in their program enjoyed meeting other fathers and would benefit by learning from and receiving social support from other fathers.

At Site 3 where the fathers' group had graduated its members but was struggling to assemble a new cohort, one home visitor explained,

I have two [fathers] on my caseload that are mad [that they can no longer attend the group]. Fathers, the ones I met, enjoyed that group with [the fatherhood coordinator]. It helped them socialize with other dads. When they're just out in the community, they wouldn't have that bond like they do in the group with a controlled surrounding with [the fatherhood coordinator]. I think that helped the dads on my caseloads. For my dads, that would be the best, getting that group back up.

Organize Activities for Fathers and Families

In addition to expanded forums for fathers to receive peer-to-peer support, staff members and parents overwhelmingly agreed that program participants could benefit from an increased number of program activities, such as workshops, field trips, sports outings, and more. Those activities, which tended to be more event oriented and geared toward entertainment, also offered families—fathers, mothers, and children—an opportunity to come together and interact with one another.

At some sites, parents suggested offering family activities focused on seasonal holidays, such as making Christmas and Easter decorations. At other sites where such holiday-oriented activities already existed, fathers suggested more frequent events and opportunities for families to get together beyond the holidays, such as field trips and outings. Fathers appreciated those program-sponsored events for the opportunity to provide their children with entertainment free of cost. Some fathers also saw the potential for family activities to serve as a learning opportunity:

I think if they encouraged more activities where multiple families had to get together and kind of work out ideas, I think that would probably be one of the biggest helps for the group....I think once you get together with two or three different families, you can bounce all the ideas together. And I think that's going to be what's going to help a lot, because you're going to pick up on so many different ideas.

In addition, staff and fathers across sites expressed interest in establishing exclusively father-child activities. One father, having observed that mothers had the opportunity to go to the center for mother-child events, was interested in having the same opportunity geared toward him. Another father described the peer-to-peer component of father-child events as being potentially beneficial:

You get to learn how other people interact with their children. See if that would work with you. How you can interact with your child. How men interact with their boys compared to how they interact with their daughters.

Staff members at one study site were also interested in establishing father-child activities and proposed a father-child night at the center and a father-child field trip as possible ideas for program improvement.

Those interviewed at sites that offered father-only social activities, such as group outings or field trips to watch sporting events, thought that expanding the number and types of those activities would also be beneficial for participants. Staff members at one site that hosted father soccer games wanted to expand activities to offer basketball as well, while a father in a program with flag football was eager for a chance to participate in games at a time that worked in his schedule. Father-only activities were popular among program participants and were appreciated by staff members as a means through which to build rapport both with and between fathers in the program.

Staff respondents considered the broad array of activities available in their programs key to father engagement. Generally, they emphasized the importance of increasing the number of events and forums for fathers, children, and families to come together. At the same time, given transportation issues, considering the accessibility of those activities for fathers and families is equally important.

Provide Longer Duration of Comprehensive Services for Fathers

Across four of the study sites, staff members and fathers felt that their programs could be doing more to support fathers beyond the time line currently allowed by program parameters. Staff members generally highlighted the lack of long-term support for fathers to help them achieve their goals of self-sufficiency. One site served fathers until their children turned two years old; the program's leader highlighted the need for longer-term services for fathers:

My own personal vision is once those fathers get out of the zero to two [child age window] and aren't in [home visiting program]—then what happens? How do we create a safety net in our community that may not be [home visiting program] but may complement [it]?

At Site 3, under new program parameters, mothers received home visits until children were age five, but once fathers reached the end of the curriculum in the fatherhood support group, fathers would graduate without the option of moving on to a subsequent curriculum or continuing to receive services. The fatherhood coordinator remarked that participants who had graduated continued to call him for advice and support after their services had ended.

Fathers also expressed interest in participating in services for a longer duration. Services for one father would end when his child turned two; he recommended that services continue longer:

I don't know what's going to happen after three [years old]. Everything that's happened up until he was two years old, I knew that I can always just ask [the home visitor] and she can—she'll find the answer for me. After he turns three...what do I do?

A few fathers who were eligible for services through their child's fifth birthday explained that even when services ended, they expected to be able to rely on their home visitor, given their close relationship and the key role that he or she played in their lives.

At the one study site where neither staff members nor fathers raised duration of services as an area for program improvement, the program offered a short-term, curriculum-based fatherhood training program and then allowed fathers who graduated from that program to attend monthly father support groups indefinitely.

Increase the Frequency of Home Visits

At three of the study sites, fathers who participated in mothers' home visits or their own father-oriented visits said they would be interested in more frequent visits. One father wished that as his child got older the visits would remain at the same frequency rather than slow down. Other fathers asked for visits more than once a month or more than twice a month, as they were currently scheduled. Those asking for greater frequency were most often fathers who received their own father-oriented visits.

Expand Program Outreach and Capacity to Serve More Fathers

A large share of staff members and parents interviewed called for expanding service delivery to reach more fathers. Parents overwhelmingly focused on increasing outreach efforts. Many had never heard of

the program before they began participating and, as a result, suggested their programs increase outreach to involve more fathers. Some fathers proposed using fliers, billboards, T-shirts with the program logo, and social media to spread the word about the program; other fathers thought that face-to-face recruitment would be the most effective outreach strategy. Those fathers recommended holding family events and activities to show potential participants the types of opportunities available through the program and to allow them to meet other staff members and fathers. Some fathers interviewed also proposed asking currently involved fathers to reach out to their peers to help with recruitment. A small group of fathers mentioned the need to reach young fathers and to perhaps consider recruitment through local schools.

Like parents, staff members across programs saw the need to reach more fathers in their communities. They talked about their desire to expand the size and scope of their programs over the long term and the need to better coordinate services for mothers and fathers. They saw getting organization-wide buy-in as a precursor to expansion of father-oriented services.

Hire More Staff Members to Work with Fathers

When asked about future directions for program improvement, staff respondents at several sites described plans or the desire to hire additional staff members who would focus exclusively on engaging fathers and organizing fatherhood activities. At Site 4, the program was bringing on a new, part-time fatherhood coordinator, in addition to its current full-time fatherhood coordinator, for added capacity to deliver home visiting services to fathers. Similarly, at Site 3, which had a part-time fatherhood coordinator, one of the staff members saw the need for a full-time father coordinator to help expand father-oriented services and increase the frequency and accessibility of services offered for fathers. Although program leaders at Site 2 believed having a designated staff member work with fathers marginalized the efforts and preferred to train all staff members to work with fathers, one staff respondent felt the fathers in the program would benefit from a “seasoned professional person”:

We’ve had male home visitors before but their role wasn’t specific to fatherhood things and they were young themselves....I’d love to have a local fatherhood guy where all he does is he’s our part-time fatherhood guru and engages dads and plans specific fatherhood events.

Broadly, staff respondents in those programs felt that having a person in the “fatherhood coordinator” role with sufficient capacity to focus on fatherhood efforts would improve the program’s ability to reach out to dads and connect with them, which would, in turn, facilitate father participation in a wide array of program services and their involvement in their children’s healthy development.

However, that suggestion was not consistent across sites and respondents and largely depended on the program's approach to engaging men and their current staffing. Site 5, for example, focused exclusively on serving fathers and did not have a specified fatherhood staff person because all staff members provided services to fathers by design.

Lessons for Programs Aiming to Increase Father Engagement Efforts

Study participants offered advice based on their experiences for other programs aiming to increase father engagement. These words of advice align with five common themes: (1) demonstrate and embrace the importance of fathers, (2) consider services expressly targeting fathers, (3) form strong relationships with fathers and individualize services, (4) be persistent and patient, but recognize some fathers may not be reached, and (5) hire the right staff.

Demonstrate and Embrace the Importance of Fathers

Staff respondents overwhelmingly emphasized the importance of building consensus within their organizations and with the families they serve about the importance of a father's role in his child's life. Some staff members felt that historically low-income fathers in their communities were considered tangential to family life and secondary to mothers in their role as parents. According to staff respondents across all sites, changing this perspective on the role of the father is essential for engaging fathers in service delivery and their children's healthy development. To that end, staff members across study sites provided recommendations for other programs on how to promote the value of fatherhood within their organizations to better reach and serve fathers in their communities.

At three of the sites, staff members underscored the importance of having office space and written materials that appeal and are welcoming to men. Even if you are a maternal and child health organization, one staff member explained, it is still important to show men that you have room for them to come through your doors: make your facilities male-friendly, consider how the color of the paint on the walls and the structure of your waiting room might appeal to fathers, and ensure that brochures and other materials do not include only pictures of women. At one study site that was traditionally maternal and child health focused, the larger community-based organization redesigned its logo and the organization's colors to be more welcoming to men. That move included changing the logo from an

image of a mother and child to that of a two-parent family. At another site, staff members suggested having a fatherhood section in the program's on-site library and to have welcoming spaces for fathers who might not be able to meet at their own homes or mothers' homes for scheduled visits.

Staff respondents at one site described the need to address staff members' personal experiences with men that may discourage them from embracing fathers' participation in the program. Program leaders, home visitors, and 24/7 Dads facilitators described that as a key lesson. One program leader explained the problematic dynamic and the steps the program took to overcome it:

Our home visitors are females going in to see other females. Many times, we haven't dealt with our own daddy stuff. If we haven't dealt with our own stuff, we don't want to help others. We have a workshop every year with a consultant to think about our own daddy stuff and what we feel is the role of the father or the significant male in the home.

According to those staff respondents, working with home visitors, in particular, to identify their personal biases stemming from their previous experiences with men, created a marked shift in the home visitors' ability to reach out to and recruit fathers for fatherhood services during home visits. Although the organization had facilitated buy-in around the importance of fatherhood at more senior levels, it was necessary to work closely with home visiting staff members to bring them on board to support father engagement as well. One staff member summarized, "To do home visiting and include the dad, you need to make sure your educational process has included self-evaluation of how they feel about including the dad."

Gaining staff buy-in on the importance of fatherhood was an essential precursor for staff to then educate program participants on the importance of the father's role in his child's life. Many staff members recommended making concerted efforts to highlight the father's importance during home visits. As one home visitor described, "I brought a dad a bib that said 'I Love Daddy,' and he was so excited about it. Little things showing they're important. Once they're hooked, they're hooked." Other efforts included providing program incentives to fathers, and at sites where mothers were primary clients, making a clear effort to invite fathers to join visits or to have curriculum content and information geared toward the father during visits. A home visitor supervisor expanded on those suggestions, providing the following specific examples:

We've done everything from a welcome packet just for the dads...[to] rubber band bracelets and it says 'Father's Day is every day.'...When [moms are] breastfeeding or calming the baby, teaching the dad his own techniques. Letting them know they have something special that the mom can't offer that's unique and special to them.

The next lesson learned that staff respondents frequently cited was that working with fathers to engage in their children's development was not enough. After doing that work with fathers, mothers

were sometimes resistant to letting fathers play a larger role in parenting. As a result, staff members recommended that other programs also focus on helping mothers embrace the child's father as part of the parenting equation. As one program manager shared, "It's going to be more successful if Mom is on the same page than if she takes the stance of 'I don't need him in my life or the baby's life.'"

To that end, staff members shared suggestions such as talking about the father from the start of the home visits to make it clear to the mother that involving the father is an important goal. Another staff supervisor recommended modeling to mothers in this way: "Have the expectation that Dad's just a part of it [the home visit]—it's not a special thing. If he's there, he'll be a part of it." It was important, staff respondents said, to communicate to mothers that, regardless of their relationship status with the father, he has a special and important role to play for the benefit of the child.

Finally, one program leader who echoed those suggestions also recommended considering a broad definition of fatherhood for mothers who may not have contact with or be able to include the father:

When we say fatherhood, it can give the impression it needs to be the biological dad. You don't want it to feel like it's Mom's fault the dad isn't around....So it's letting the mom know, it's wonderful you have a male role model and maybe that child calls him "Uncle."

Consider Services Expressly Targeting Fathers

Many interview respondents across sites recommended that other programs consider implementing father-only peer support groups and other group activities for fathers, because they signal to fathers that the program values them enough to have dedicated fatherhood services. Father support groups, training workshops, and other activities also allow fathers to learn more about how to support their children's development. Although some resources on father engagement are freely available online, staff members at a few sites urged other programs to consider relying on evidenced-based curricula that, while expensive, are extremely helpful in guiding work with fathers.

Other staff respondents suggested that programs plan carefully, considering how services for fathers might need to differ from services for mothers: "Here, men need to have things that are targeted towards them....It's important not to model after previous programs targeted to engage women. We have to think about how to develop curriculum to engage men." Common lessons learned included the need to provide fathers with more active options, hands-on projects, sports activities, fishing trips, or meals out, given that many fathers are less used to socializing in groups with other men and, young fathers in particular, are less comfortable sitting for long periods. In addition, staff respondents at one

site recommended thinking about the time line and structure for engaging fathers in their own services, including the duration and frequency of home visits, group meetings, and other activities.

Form Strong Relationships with Fathers and Individualize Services

Across all sites, staff respondents advised other programs to focus on building strong relationships with fathers. They elaborated by explaining that fathers are not used to receiving individuals at their homes to help them; many times, they are confronted by the police, a bill collector, or child protective services at their homes. In addition, others explained, the men they work with are less used to opening up and sharing thoughts, concerns, and questions. As a result, building a trusting relationship with each father is an essential first step to engaging him in any program. A fatherhood coordinator put it this way: “We spend lots of money on campaigns, in terms of billboards, signs on bus stops, that kind of stuff. You’re not going to get any bang for your buck on that. The real bang is going to be in referrals and the relationship that’s built.” This staff person continued on to suggest strategies that other programs might use to build their relationships with fathers:

You find common ground. If you can get some tickets to the football game, you have him as a captive audience there. You can find a way to connect there. We all have places where we can connect. There’s fishing, baseball, football, bowling. Again, that’s the intent of the activity, is to hook him and then continue to massage that relationship. Keep working on that common ground.

As one program director described,

I’m a big fan of starting small and building a really strong program....Quality over quantity. Understanding the value of relationships, particularly with dads. Even more so than moms, the dads are a disenfranchised population. If you have to spend three months getting down to the core values, talents, and skill sets—that will be the key to a successful program.

As explained in chapter 6, the study sites tailored and individualized services for fathers as part of relationship building and maintaining father engagement. A home visitor provided the following advice for other programs interested in engaging fathers:

Relate to them, understand them and where they come from to engage them that way....Provide some good information so they keep wanting more....Find out what they’re interested in, what they need. Read them....Understand how to meet them where they’re at.

A home visitor at another site described having conversations with a father about their shared interest in cars whenever she would come for a home visit with his child’s mother. After building rapport with him over time, he eventually felt comfortable enough to sit down and freely participate in the mother’s home visits.

Often, to serve fathers' individual needs, home visitors might first help fathers address crisis situations around housing or employment, or fatherhood groups might need to hold a conversation on relationship issues between mothers and fathers. For example, a program leader at Site 5 highlighted that her program included a component focused on fathers' economic success without letting that overwhelm the parent-child attachment piece. She recommended that other programs consider this balance carefully, stressing the importance of programs' abilities to serve fathers' primary needs as part of father engagement with children.

Be Persistent and Patient, but Recognize Some Fathers May Not Be Reached

Another collective lesson learned across study sites was to be persistent when trying to recruit and engage fathers. Staff members described a plethora of situations where they had struggled to recruit or involve a father in the program but yet were determined, creative, and relentless in their efforts. One home visitor had been working with a mother for a year, at each visit trying to engage with the father, before he began joining their home visits. Another spoke about bringing baby food by the mother's house to track down a father who had been receiving home visits as a primary client but was no longer returning the home visitor's calls. At another site, staff members described their strategy to transition difficult cases from one visitor to another, rather than give up on recruitment, to see if a different staff person might be able to better connect with that father. Those interviewed in every program urged others not to accept "no" easily and to stay determined in their efforts to involve fathers. For example, the director of one of the programs in the study put it as follows:

Don't give up on him after the first 45–60 tries you make with this family. No matter how long the family can be enrolled in the program, don't stop until the day they close eligibility. The one day he participates in a visit with his child, that's one opportunity that might not have happened otherwise. So don't give up. Really don't.

Along these lines, one fatherhood coordinator concluded that the biggest lesson he learned was patience. Not all efforts to engage fathers will immediately be successful, and some fathers may not ever be reached, but with patience he had managed to build a successful and rewarding father support group to serve fathers in the home visiting program.

Yet according to many parents, programs could do little to change a father's mind about being involved in his child's life. A father either was interested in playing an active role in supporting and engaging with his child or was not, and that was up to each individual father. Although most program staff members had a different perspective, having successfully engaged with some hard-to-reach

fathers, they also acknowledged that some fathers might not ever participate. In sum, they recommended being optimistic but realistic about expectations.

Hire the Right Staff

Staff members across sites spoke frequently about needing particular types of staff people to engage fathers successfully. Some felt having some male staff was essential: “A woman cannot run a dad’s program. We like to run the show, but we can’t be dads. Get a male in there running the show.” In most cases, fatherhood coordinators and home visitors for fathers were men. However, some home visitors disagreed that only a man could connect with fathers. At one site, for example, an older woman worked effectively with teen parents (mothers and fathers) and was considered a grandmother-like mentor.

Recommendations to hire male staff members often went hand in hand with acknowledging the importance of having a male fatherhood coordinator whose sole job is to recruit and mentor fathers and organize fatherhood activities. Staff respondents emphasized that finding the right man to fill this role was key; in the three programs with fatherhood coordinators, that individual became the driving force behind the male involvement piece of their programs, and having the right person in that role is what allowed their efforts to succeed. At one site, the executive director shared, “I would say he has made this program what it is. If I were to give advice to another program it would be to make sure you have the right person.”

Finding the “right” staff person to work with fathers was important when considering a fatherhood coordinator, but also when thinking about hiring other direct service delivery staff members to engage fathers. Study participants recommended seeking out dynamic, flexible, and innovative individuals who can relate to young men to fill positions that require service delivery focused on fathers (e.g., father-oriented home visitors, father support group leaders, fatherhood training facilitators, father outreach staff, etc.). The unique circumstances of clients and communities often dictated who would best connect with fathers. However, staff respondents urged other programs to carefully consider gender, background, personality, motivation, age, and other “soft skills” when matching home visitors and fathers. Look for traits, they suggested, that will support relationship building with fathers and promote successful attempts to engage fathers.

Both the parents and staff members interviewed spoke about the importance of staff age; some felt like young home visitors or facilitators might not have enough experience to relate to fathers and might not be credible as a result, whereas in one program, two of the male home visitors were young men who

had nevertheless established strong relationships with their male clients. Although not a common theme, a few fathers noted how it was good to get advice from experts who were parents themselves. Programs did not base hiring on this factor, but those with father support groups often encouraged veteran group participants to serve as informal peer mentors to new fathers.

Summary

Participating staff and parents' made several recommendations to improve services for fathers in their own programs. Most often, participants recommended offering more home visits and over a longer period, along with organizing more peer-to-peer interactions and group activities for fathers and families. They expressed their desire for their programs to hire more staff and to do more outreach to reach and provide services to a broader group of fathers. Participants also offered advice to other programs about the best ways to engage fathers, which aligned with the recommendations they had for their own programs. At the foundation of program activities, they believed in having an organizational culture that embraced father engagement. They also advised other programs to hire the right staff, structure services to directly target fathers and their needs, and to be persistent in reaching fathers.

Chapter 10. Discussion

This study qualitatively explored how five purposively selected home visiting programs engage fathers and the perceived benefits and challenges of father engagement. To date, little systematic evidence has been collected that describes the ways in which home visiting programs approach the concept of father engagement. The findings from this study contribute valuable information for filling this critical gap on the basis of the perspectives of both program staff and participating parents. Interviews with a sample of 40 fathers of different ages and background characteristics provide unique data detailing their motivations for participating, their experiences, and how they feel they have grown and benefited from the services they received.

This chapter summarizes key study findings and implications for both policy and practice, such as the importance of funding to adequately serve fathers in home visiting and the need for further program guidance so staff members have the tools they need to effectively work with fathers. The discussion also addresses the limitations inherent in this study and the ways in which the findings may and may not be generalized to home visiting programs broadly.

Summary of Key Findings

Several key findings emerged from interviews with program administrators, home visitors, and participating fathers and mothers. First, the findings show that the selected home visiting programs varied in how they structured services for fathers. Some programs integrated content and activities to accommodate and engage fathers within the context of visits with mothers. Two programs hired staff members to deliver home visiting services directly to fathers separate from maternal home visits; one of those programs still recruited fathers through the maternal home visiting program, whereas the other was a separate fathers' home visiting program that recruited fathers in the community, as well as from other programs offered through the umbrella organization. In addition to home visits, all sites offered some types of group activities for home visiting clients to interact with peers, such as support groups and field trips. No one method seemed clearly superior to the other; rather, different community and population needs, as well as funding and program philosophy, drove the choice of program structure. These different approaches also reflect the fact that best practices for father engagement in home visiting do not yet exist. Each participating program developed its fatherhood program components with relatively little guidance from any regional or national organizations.

Although programs structured their services for fathers differently, they used some common strategies to recruit and engage fathers. All programs recruited fathers primarily through mothers but expressed desires to widen recruitment to reach more underserved fathers, such as nonresident fathers. Several programs were in the process of expanding recruitment throughout the community, using connections to other community agencies, publicity, and word of mouth to spread awareness. Fathers who were a part of these programs were generally supportive of those recruitment efforts and saw themselves as messengers and models for the program among their friends and family. They were motivated to join by a desire to help provide a better life for their children than they had and to be the best fathers they could, thus breaking the intergenerational cycle of absent fathers in their families. Their stories indicate that a willing population for these programs exists, but more efforts and resources are needed to fully serve eligible fathers. Incentives and rewards for participation, such as free diapers and gift cards, also initially attracted fathers and helped them support their families in concrete ways; however, the value of the information and services offered during home visits kept fathers engaged.

Program staff used multiple other strategies to engage fathers. Key to their work was being flexible about scheduling home visits to increase fathers' access to the program and tailoring home visits and program activities to fathers' preferences. Building a strong relationship between the home visitor and the father was essential, as home visitors worked to meet fathers' individual needs and thereby built trust. Home visitors served as mentors and key sources of information and support. Those strategies were needed to overcome the many challenges to father engagement. Most fathers in the program worked irregular schedules and had difficulty finding the time to meet with home visitors. Others, particularly young fathers, had unstable relationships with their children's mothers, making it more difficult for home visitors to balance the needs of both mothers and fathers. Some mothers excluded fathers from visits as a form of gatekeeping, while some home visitors excluded fathers because of fears of domestic violence and the safety of mothers, children, and the home visitors themselves. Finally, all those challenges had to be managed within the context of often-underfunded home visiting programs, stretching program staff thin in efforts to meet families' needs.

The rewards of such engagement were substantial, however, when home visitors were able to overcome logistical and other challenges. Fathers, mothers, and program staff members all spoke glowingly about what fathers had gained from the programs: (1) greater knowledge of child development and parenting, (2) personal growth in areas such as anger management and father identity, (3) skills to improve the relationships between fathers and mothers, (4) linkages to employment opportunities, and (5) connections to other programs that could provide assistance to fathers and families.

Perhaps most important, programs connected fathers to personal supports such as home visitors and other fathers, reducing fathers' stress and embedding them in healthier social support networks.

Limitations

These findings must be understood within the context of the study design. The five sites studied compose a small, nonrepresentative sample of home visiting programs identified as having experience in engaging fathers in their services. The viewpoints shared by staff members and parents, although addressing the study's research questions, are not generalizable to the universe of home visiting programs. This sample is sufficient for an exploratory qualitative study of how such programs may be organized and the perceived benefits they provide, but it is insufficient for drawing conclusions regarding program effectiveness or measurable benefits. Given the limited sample size, the findings cannot, for example, adequately address whether certain recruitment strategies are more effective at engaging fathers than others, nor whether certain program approaches or practices are more effective in improving fathers' outcomes and should therefore be used by home visiting programs widely. Instead, the findings reflect the experiences of a subset of programs and provide an understanding of the variety of strategies employed and the impressions of program staff and participants as to their effects.

The study aimed to include fathers with different demographic characteristics and to have a sufficient subgroup of nonresident fathers participating in home visits for comparative analyses. However, the selected programs served few nonresident fathers; thus, the sample of fathers who consented to participate in the study included very few nonresident fathers. Although staff interviews offered insights into the experiences and challenges serving this population, we can conclude very little from the interviews with fathers about how home visiting operates as a service delivery mechanism for nonresident fathers.

By design, the study sample is biased toward parents with primarily positive experiences. Although most parents were very open and honest, program staff members assisted with the recruitment of enrolled participants and did not recruit fathers who dropped out of the program, and they may not have invited current clients who appeared dissatisfied. Accordingly, caution must be exercised in generalizing findings and drawing conclusions from parent interviews.

Implications for Home Visiting Program Design and Implementation

The findings of this study highlight the richness of fathers' experiences in home visiting programs, as well as the major challenges to father engagement and strategies for overcoming them. The qualitative nature of this research provides a foundation for further study into program effectiveness and into correlational and causal relationships between program approaches and father outcomes.

The findings also have important implications for the design and implementation of home visiting programs as a service delivery mechanism for fathers. Three themes in particular emerged: (1) the importance of funding, (2) the benefit of having a flexible program structure, and (3) the need for greater program guidance and technical assistance. Additionally, the connections between home visiting services and father support groups at several of the study sites offer insights into how home visiting could serve as an effective format for responsible fatherhood programs.

Resources to Support Working with Fathers

Staff members across all programs discussed the need for additional resources to support their outreach and father engagement efforts. Since certain funding sources were earmarked for specific services, programs felt constrained in the services they could provide and the populations they could target. Additional resources might also boost staff retention. Fathers in programs spoke of frequent turnover in their home visitors, leading to disruption in services and potentially to disengagement in the program. Resources are especially necessary for programs to offer incentives and rewards. The incentives and rewards themselves are a cost to the program, but other costs are incurred as well from organizing and coordinating the incentives. Other costs stem from group activities, which were common across the five participating home visiting programs, such as field trips, family events, and food provided at peer support groups. Far from being frivolous “extras,” many staff and father respondents cited those incentives and activities as important engagement efforts that helped recruit fathers into the program and keep them coming back.

A lack of reliable transportation was a large barrier for many families that prevented some nonresident fathers from participating in home visits and some fathers in general from participating in group activities. Few staff members were legally permitted to provide transportation to clients, but some did and found it to be an effective strategy for reaching certain fathers. Other programs may want to consider ways to improve program access by offering or reimbursing for transportation.. Although

resources are critical to the success of all community programs, there are clear and demonstrable needs for home visiting programs that work with fathers.

Encouraging Flexible Program Structures to Meet Clients' Needs

Participating program staff members repeatedly stressed the importance of “meeting dads where they are.” As discussed, that means not only logistically but philosophically—accommodating fathers’ schedules as well as their needs and desires for information and services within the program. For father engagement to work, both staff members and fathers said that fathers had to dictate the content and approach of the home visits; they needed to feel as though the program met their needs rather than the fathers having to meet the needs of the program.

To meet fathers where they are, staff members needed both programmatic and individual flexibility. Programmatically, they needed the ability to have flexible work hours to conduct visits outside of normal business hours when fathers were available to participate. Individually, they needed to be culturally aware as well as nonjudgmental to gain the trust of families who had often had negative experiences with social services. Programs needed the resources and infrastructure to offer services with this level of flexibility and to adequately train staff members to work with fathers with diverse backgrounds and needs, including very high-risk cases that required more intensive case management.

Developing More Program Guidance and Technical Assistance

The findings highlight the fact that no one approach to serving fathers fits all home visiting programs, but also that programs have little national guidance or research-based evidence on what approaches are most effective. Programs faced several challenges to father engagement that could be remedied if the field at large had a better understanding of these issues and the tools staff members need to address them.

First, although some curriculum resources are available to home visiting staff looking for ways to better engage and support fathers’ learning during home visits, little guidance exists on best practices to engage fathers at the point of recruitment in programs targeting women. Staff respondents reported how such information would be valuable to programs struggling with engaging fathers after services have already begun for mothers. If programs delay efforts to reach fathers, fathers often view home visiting as being for mothers and children, and integrating fathers into home visits can become more

challenging. Maternal gatekeeping and resistance from clients' parents often prevent home visitors from connecting with fathers. Technical assistance and training opportunities for home visiting programs on best strategies to initially recruit and engage fathers may be beneficial.

Second, given staff concerns about domestic violence and client safety, additional technical assistance on engaging fathers in high-risk situations could be useful. Although all home visitors in the participating programs received training on domestic violence, and some discussed screening for domestic violence and other risk factors before encouraging fathers' participation in visits, some still struggled with strategizing when to push mothers to allow fathers to be involved and when to leave the situation alone in the best interests of the mother. As interviews with some program leaders suggested, home visitors may have biases toward working with fathers on the basis of their own histories and relationships with men. Unpacking and addressing any concerns they may have are the first step to building an organizational culture that embraces fathers.

Third, staff members require specialized training to work with fathers, and every program that participated in this study had a different set of training requirements. Although the optimal level of training needed to work with fathers—particularly high-risk cases—is unclear, the findings suggest that staff benefited from this information and could use additional training and assistance in certain areas. When conducting joint visits with both parents, home visitors found it challenging to attend to the needs of the primary client as well as a secondary client or other family members present during the visit. To be better equipped to fully engage both parents in the context of joint home visits, programs need additional guidance and training on couples' relationships, co-parenting, and how to assess, prioritize, and balance parents' needs. Providing separate home visits for each parent may be one strategy for overcoming the challenge of scheduling and conducting joint visits; however, a program's resources and philosophy toward co-parenting may not support such services.

Some staff respondents described modifying home visiting curricula designed for mothers to fit the needs of fathers and taking components from responsible fatherhood curricula and other parenting curricula to cover a range of topics important to fathers. That piecing together of materials took effort and sometimes fell short of what information and individualized case management fathers needed. Some curricula were not developmentally appropriate for teen parents, and home visitors had to tailor the content to a more appropriate level and format. Home visitors would benefit from technical assistance and training on how to modify curricula to conduct home visits with fathers as primary clients, as well as with both parents together. The development of new evidence-informed curricula for conducting home visits with both parents and with fathers alone, and that can accommodate or easily be adapted for different age groups and populations, would also be beneficial to many programs.

Fourth, peer support groups for fathers emerged as an essential component in several programs' efforts to serve fathers in their communities. Yet historically, programs struggled with operating such groups. They questioned the best way to recruit (whether to focus on home visiting clients so the groups would be a complementary program activity or to do broad community outreach); what content, format, and intensity were most appropriate (fathers only or all parents, discussion-based or more direct instruction, weekly or monthly, to graduate after a certain period or to be open to continued participation); and what incentives would work to encourage participation (gift cards, gas cards or transportation, food, etc.). At least one program director was hoping to learn from other home visiting programs the best way to organize father support groups. These findings suggest more national guidance would be beneficial as programs consider how to structure their services for fathers.

Making Connections to Responsible Fatherhood Programs

Although the focus of this study was on early childhood home visiting programs, the findings have implications for responsible fatherhood programs. Both programs have similar objectives, and fathers who participated in the home visiting programs reported benefits consistent with the goals of many responsible fatherhood programs. At the same time, the two types of programs work with different populations of men and take distinct approaches to serving fathers. The findings from this study suggest that there may be opportunities for responsible fatherhood programs and home visiting programs that are interested in engaging fathers to learn from one another and to partner to share clients, boost recruitment and engagement efforts, and strategize service delivery options to best meet clients' needs. In addition, the positive response fathers indicated from their involvement in home visiting may suggest fatherhood programs may want to consider utilizing home visiting as a service delivery mechanism to reach some fathers.

The core activities of many responsible fatherhood programs are designed to improve parenting, support healthy marriage and relationships, and to enhance fathers' and families' economic stability, with the ultimate goal of improving child outcomes. The fathers in this study reported benefits that align with these goals. With regard to responsible parenting, fathers said they gained knowledge of child development and improved their parenting skills around caring for infants and appropriate discipline strategies. In the area of healthy marriage and relationships, fathers reported better communication with their partners and improvements in how they managed anger and negative emotions. With regard to economic stability, the home visiting programs also worked to link fathers with employment opportunities and other community services. Finally, fathers in this study also highly valued the support

of a peer community where they could connect with other fathers, share their stories, and give and receive advice. These findings highlight the potential for collaboration between responsible fatherhood and early childhood home visiting programs.

One potential benefit of partnering would be for programs to extend their reach beyond their typical clients. The home visiting programs in this study primarily recruited fathers through the child's mother. As a result, most (88%) of the participating fathers were in a relationship with the child's mother and nearly all (93%) lived with their child. In contrast, a recent report highlighting four responsible fatherhood programs showed that only 34 percent of the fathers served by those programs were still in a relationship with the child's mother, and 22 percent lived with at least one of their children (Zaveri, Dion, and Baumgartner 2015). The home visiting programs in this study mentioned their desire to reach nonresident fathers but had difficulty connecting with them. Partnering with responsible fatherhood programs could give them access to a population of nonresident fathers and their children who might benefit from home visiting services. For responsible fatherhood programs, working with fathers who are still in a relationship with their child's mother and living with the child would be an opportunity to support a group of fathers who are still closely connected to their partners and children.

Home visiting and responsible fatherhood programs take different approaches to working with men, but each type of program can learn from the other's strategies. For example, responsible fatherhood programs typically use group formats to offer services to fathers, and less often, to couples; they rarely use a home visiting approach. This study suggests that home visiting offers an alternative service delivery mechanism that could be effective in reaching certain groups of fathers served by responsible fatherhood programs, instead of or in addition to group-based sessions. Some fathers may prefer individualized services rather than groups because of the convenience or personal preference. The fathers in this study clearly benefited from the supportive relationships they formed with home visitors—many of whom served as mentors, role models, and advocates, in addition to parent coaches and caseworkers.

Home visiting programs that work with fathers may also benefit from partnerships with responsible fatherhood programs. In addition to home visits, the five programs in this study offered fathers activities like peer support groups and outings for fathers or families. In fact, home visitors and fatherhood coordinators drew on curricula that were originally designed for responsible fatherhood programs to inform the content of their home visits and additional fatherhood activities. Many of the activities outside of the home visits were similar to those offered by responsible fatherhood programs. Fathers valued those activities and many program staff were eager to expand the fatherhood program

even more. Given that a major challenge for home visiting programs is finding appropriate funding to serve fathers, it may be fruitful for home visiting programs to partner with responsible fatherhood programs to provide additional services for fathers.

Summary

Home visiting programs are beginning to explore different approaches to including fathers in home visits with mothers and even providing direct services to fathers. Although limited by a small sample size, this study offers a unique look at the strategies programs use and how home visiting services are benefiting fathers. Future quantitative research will be needed to fully estimate the impact of fathers' participation in home visiting on child and family outcomes and to determine which approaches are more effective for improving outcomes for certain populations. Findings suggest that a stable and flexible funding source along with additional national guidance and technical assistance would assist home visiting programs in their efforts to engage more fathers and to improve outcomes for them and their families.

Appendix A. Interview Guides

Appendix A.1

Home Visiting: Approaches to Father Engagement and Fathers' Experiences

Program Administrator Interview Guide

3 Respondents per Program

90 Minutes

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer (Attn: OMB/PRA 0970-0448), Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447

INTRODUCTION

Thank you for agreeing to meet with us today. I'm [INTERVIEWER NAME] and this is my colleague [ASSISTANT NAME], and we're researchers from the Urban Institute, a non-profit social policy research organization in Washington, DC.

As we may have mentioned, as part of this study, we are talking to leaders and staff in selected home visiting programs that actively engage fathers in their programs and services. We hope to learn about your experiences and the strategies you are using and how they are working in order to share this information with others who are interested in engaging more fathers. We are gathering information by conducting site visits to the programs and interviewing a range of managers and staff.

The goal of this study is to document:

1. the strategies used by selected home visiting programs to effectively engage fathers in home visiting services;
2. the perspectives and experiences of staff;
3. the experiences and views of fathers who have participated;
4. possible barriers/challenges to participation; and
5. lessons for other programs that are interested in more fully engaging fathers with young children in their services and activities.

We are visiting with you today because of the great work your program is doing on father engagement. During our visit this week, we are scheduled to talk with program administrators, home visiting staff, and both fathers and mothers to get their perspectives on father engagement in your program.

Our meeting with you today will last about 90 minutes. The structure will be rather open-ended, meaning we have a list of specific questions to cover but you can feel free to respond in as much detail as you would like.

INFORMED CONSENT

Before I begin my questions, I'd like to give you a copy of a consent form that describes our study procedures and your rights as a participant. If you agree to the study procedures, I'll ask you to sign and date your copy.

[NOTES TO FACILITATOR: Give copy of consent form to participant. Continue as participant reads along.]

I'd like to point out a few details on the consent form:

1. First, your participation in this study is completely voluntary. You may choose to not answer any question and may stop the interview at any time.
2. Everyone who works on this study has signed a *Staff Confidentiality Pledge* prohibiting disclosure of anything you say during the interview that would allow someone outside the research team, including government staff and officials, to identify you. The only exception is a researcher may be required by law to report suspicion of immediate harm to yourself, to children, or to others.
3. Your name and other identifying information, such as the program's name and specific location, will be removed from the data to protect your privacy.
4. If we quote anything you share with us, we will not use your name in our report.
5. We value the information you will share with us today and want to make sure we accurately capture all the details. With your permission, we will audio record the session and take typed notes. These files will not be shared with anyone outside the research team. Once the project is complete, all audio recordings will be destroyed. During the discussion, if you would like to stop the recording while you make a particular comment off the record, please let us know and we will do so.

Do you have any questions about the study procedures?

Would you please sign a copy of our Informed Consent Form, and then may we begin our interview?

[Participant must sign and return one copy and may keep the second copy.]

[If anyone objects to the recording, the researcher who is not leading the interview will need to take thorough notes.]

PROTOCOL

Introductions

To get started, I have a few questions about your background, the history of your program, and the population and community your program serves. Later in the interview, we'll focus more closely on the work you do with fathers.

1. To start, would you please tell us your job title, how long you've been in this position, and provide a brief description of your primary role and responsibilities in the program?
2. What's your background in this work?
3. What led you to become involved in this work?

Program History

4. Tell us a little about your agency's history and structure (*Probes: mission; programs/services offered; history and development of home visiting program*)

Population and Community Served

5. Tell us about the families that you serve in your home visiting program (*Probes: the number of families; demographic characteristics of the mothers and fathers; program eligibility criteria; target population; community needs*)

Program Goals, Staffing, and Model

Next, I'd like to ask a series of questions about your home visiting program.

6. What are the goals of your program? (*Probes: Father engagement goals/outcomes*)
7. Do you receive any guidance from any national office or association regarding father engagement? What kind of guidance or training have you received?
8. Tell us about your staffing structure. How many staff do you have and in what positions? (*Probes: staff for fathers; their roles and length of position*)
9. What is the education level and training requirements of your staff?
10. What is the caseload size for home visitors (*Probes: average and maximum*)?
11. Describe your program model, including the frequency and duration of home visits and what occurs during the home visits. (*Probes: maximum number of visits; number of visits for mother versus father; determination of frequency and duration*)

12. Do you use any specific curricula and/or assessment tools? (*Probe: father-specific curricula or assessment tools specific to fathers*)

Recruitment and Retention

13. How do most clients find out about your program? What outreach and recruitment efforts do you conduct? (*Probes: outreach/recruitment staff; primary roles and responsibility; qualifications; recruitment process*)
14. Do your recruitment efforts differ for recruiting mothers and fathers? If so, how? (*Probes: recruitment of different types of fathers*)
- a. Have you experienced any challenges in recruitment? How so? (*Probes: challenges for mothers versus fathers, for different types of fathers*)
15. How do you screen for program eligibility? (*Probes: mothers versus fathers; different groups of fathers; residential status or biological relationship of father*)
16. How long do most mothers stay enrolled in the program?
17. How long do most fathers stay involved?

Father Engagement Strategies

We are most interested in learning about the strategies your program uses to engage fathers in home visiting.

18. What is your program's philosophy toward father engagement? (*Probes: evolution over time; impact of father involvement on goals of home visiting program*)
19. Please tell me about the ways you engage fathers in your home visiting program.
(*Probes: home visits for both mothers and fathers; scheduling for both mothers and fathers' schedules, specific content for fathers; separate home visits for fathers; separate visits in home of non-residential fathers; staff specifically for fathers*)
20. How are home visitors trained to engage fathers? (*Probes: frequency of trainings; one-time or ongoing; content of training; provider of training*)
- a. Do you think this training has been sufficient? If not, what additional training do staff need?
Do you have plans to implement this additional training?
21. Do you engage different types of fathers in different ways, such as residential and non-residential fathers, biological and social fathers, first-time fathers and experienced fathers?
(*Probes: engagement strategies for different types of fathers; differences in level of engagement across different types of fathers*)
22. What are fathers expected to learn during home visits?

23. What do you see as the benefits to fathers when they participate in home visits? (*Probes: types of services that seem to benefit fathers most and type of father that benefits most*)
24. What are the benefits to mothers and children when their babies' fathers or the mothers' current partners participate?
25. In addition to home visits, what other activities, programs or support services do you provide for fathers, such as group meetings and special fatherhood events?
26. Do home visitors refer the fathers they work with to other fatherhood activities? (*Probes: How often? What criteria do they use to refer fathers?*)
27. Who leads these activities?
28. What has been the response to these activities by fathers? By mothers or partners?

Program Successes

Now let's turn to some of the successes you have experienced.

29. In what ways has your program been successful in achieving its goals of increasing father engagement? (*Probes: measures of success; staff feedback and how it's shared; client feedback and how it's shared*)
30. What program components/activities do you think have been the most popular? Why?
31. Which ones do you believe have been most useful to participants? Why?

Challenges to Father Engagement

Now let's turn to discuss any challenges that you may have confronted.

32. We know that engaging fathers in home visiting programs isn't always easy. What are the biggest challenges you've seen? (*Probes: concerns/resistance from staff; concerns/resistance from mothers/maternal grandmothers; challenges with staff capacity/training; logistical issues; fathers circumstances/needs impact on participation*)
33. How do these challenges impact the program's provision of services? Does it make it harder to serve participants? How?
34. (*If program has other activities, such as group workshops*)
What have been the major challenges to including fathers in other program activities? (*Probes: recruitment, funding, training, resistance from staff, resistance from the community*)

Lessons Learned and Goals for Program Improvement

Let's finish up by discussing any important lessons learned from your work to engage fathers in home visiting, and if any, areas where you would like to see improvement.

35. What would you say have been the most successful aspects of your efforts to engage fathers?
(Probes: equally successful for all types of fathers)
36. How do you think the program could improve its efforts to engage fathers in home visiting?
37. What recommendations would you have for other home visiting programs like yours that are trying to engage fathers?

Those are all of our questions. Thanks so much for your time!

Appendix A.2

Home Visiting: Approaches to Father Engagement and Fathers' Experiences

Home Visitor Interview Guide

5 Respondents per Program

75 Minutes

Public reporting burden for this collection of information is estimated to average 75 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer (Attn: OMB/PRA 0970-0448), Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447

INTRODUCTION

Thank you for agreeing to meet with us today. I'm [INTERVIEWER NAME] and this is my colleague [ASSISTANT NAME], and we're researchers from the Urban Institute, a non-profit social policy research organization in Washington, DC.

As we may have mentioned, as part of this study, we are talking to leaders and staff in selected home visiting programs that actively engage fathers in their programs and services. We hope to learn about your experiences and the strategies you are using and how they are working in order to share this information with others who are interested in engaging more fathers. We are gathering information by conducting site visits to the programs and interviewing a range of managers and staff.

The goal of this study is to document:

1. the strategies used by selected home visiting programs to effectively engage fathers in home visiting services;
2. the perspectives and experiences of staff;
3. the experiences and views of fathers who have participated;
4. possible barriers/challenges to participation; and
5. lessons for other programs that are interested in more fully engaging fathers with young children in their services and activities.

We are visiting with you today because of the great work your program is doing on father engagement. During our visit this week, we are scheduled to talk with program administrators, home visiting staff, and both fathers and mothers to get their perspectives on father engagement in your program.

Our meeting with you today will last about 60-75 minutes. The structure will be rather open-ended, meaning we have a list of specific questions to cover but you can feel free to respond in as much detail as you would like.

INFORMED CONSENT

Before I begin my questions, I'd like to give you a copy of a consent form that describes our study procedures and your rights as a participant. If you agree to the study procedures, I'll ask you to sign and date your copy.

[NOTES TO FACILITATORS: Give copy of consent form to participant. Continue as participant reads along.]

I'd like to point out a few details on the consent form:

1. First, your participation in this study is completely voluntary. You may choose to not answer any question and may stop the interview at any time.
2. Everyone who works on this study has signed a Staff Confidentiality Pledge prohibiting disclosure of anything you say during the interview that would allow someone outside the research team, including government staff and officials, to identify you. The only exception is a researcher may be required by law to report suspicion of immediate harm to yourself, to children, or to others.
3. Your name and other identifying information, such as the program's name and specific location, will be removed from the data to protect your privacy.
4. If we quote anything you share with us, we will not use your name in our report.
5. We value the information you will share with us today and want to make sure we accurately capture all the details. With your permission, we will audio record the session and take typed notes. These files will not be shared with anyone outside the research team. Once the project is complete, all audio recordings will be destroyed. During the discussion, if you would like to stop the recording while you make a particular comment off the record, please let us know and we will do so.

Do you have any questions about the study procedures?

Would you please sign a copy of our Informed Consent Form, and then may we begin our interview?

[Participant must sign and return one copy and may keep the second copy.]

[If anyone objects to the recording, the researcher who is not leading the interview will need to take thorough notes.]

PROTOCOL

Introductions

To get started, I have a few questions about your background and training. Later in the interview, we'll focus more closely on your experiences working with fathers during home visits.

1. To start, would you each please tell us your job title, how long you've been in this position, and your educational background?
2. What led you to become involved in this work?
3. What are your primary roles and responsibilities in the program?

Population Served

4. Tell us a little about the families that you serve (*Probe: average caseload; number of fathers/couples; demographics of parents including age, race/ethnicity, language, marital status, education, family size, prevalence of complex families*)
5. What are some of the strengths and the greatest risk factors that you see among the families you serve? (*Probe: mental health issues, substance abuse, domestic violence, housing instability, food insecurity, unemployment; risks for mothers and fathers*)
6. What, if any, risk factors make your job harder to do well? (*Probe: impact of risk factors on recruitment, engagement, retention, connections to services, following through with referrals*)
7. What, if any, client strengths make your job easier to do well?

Organizational Culture

8. Thinking about your organizational or program culture, how does father engagement fit—or not fit—into the mission of the work that you do?

Training and Supervision

Next, I'd like to talk about your training and supervision.

9. What kind of training did you need to complete for your position?
10. Did your training include information on engaging or working with fathers?
If yes, probe: content of training (general or if given written resources or organization's policy statement about working with fathers)
11. If yes, how would you rate the training you received on working with fathers? (*Probe: most useful components of training, areas where training could be improved*)

If no, what topics were covered in your general training that have helped you prepare for working with fathers?

12. What kinds of opportunities do you have for ongoing professional development that could support your work with fathers? *(Probe: if sufficient opportunities; areas of needed additional support, e.g. certain groups of fathers, fathers at high risk)*
13. Tell us about the interactions you have with your supervisors and peers. *(Probes: frequency of meetings with supervisor; frequency of team meetings; purpose of team meetings; shadowing peers)*
 - a. In your recent interactions with supervisors or peers, has the topic of father engagement been discussed? If yes, in what context? *(Probe: how home visitor can seek information about working with fathers from supervisor and other staff.)*

Interactions with Fathers during Home Visits

We are most interested in learning about your experiences working with fathers during home visits.

14. Now I have some questions about your typical interactions with fathers.
 - a. How often do fathers participate in home visits? *(Probe: if visits target mothers but include fathers, or target fathers but include mothers)*
 - b. Do you ever conduct visits with fathers alone (i.e., without the mother)—with or without their children? If yes, how often are those visits?
 - c. Are fathers recruited through mothers, or do you target fathers directly?
 - d. What strategies do you use to engage fathers in home visits? *(Probe: Are visits scheduled so that both mothers and fathers can join?)*
15. Tell us about the different home visiting curricula that you use. *(Probe: whether curriculum designed to incorporate fathers; if not, flexibility to deliver to mothers and fathers or fathers alone; example of content for both mother and father; example of content for only mothers; example of content for only father; discussions with mother about engaging fathers)*
16. During home visits with just mothers, without fathers present, do you ever talk about engaging the fathers? What do you discuss?
17. Give us an example of a particular case and the experiences you had working with the father.
18. How would you describe the level of father engagement across the families you serve?
(Probe: level of engagement for different types of fathers; hard to reach fathers; different strategies for different types of fathers)

Concerns, Challenges and Benefits from Engaging Fathers

Next, I'd like to discuss some of the challenges and benefits to working with fathers.

19. What are some of the greatest challenges have you faced in engaging fathers?
20. Have you ever had any concerns about conducting home visits with fathers present? Why or why not?
21. Have mothers you have worked with—or their family members—ever expressed any concerns about conducting home visits with fathers present? (*Probe: concerns*)
22. How often do you find that mothers don't want to involve fathers in parenting activities or actively exclude father from involvement? How often do you find that mothers want to involve fathers?
23. How often do you find that the situation is not safe or healthy for the mother or child to have the father present or involved in services? (*Probe: how respondent has handled situations*)
24. From your perspective, how do fathers benefit when they participate in home visiting services? (*Probe: changes seen in fathers, e.g. parenting skills, knowledge of child development*); *changes in relationships between mothers and fathers*)
25. What do you see as the benefits to mothers when their babies' fathers or the mothers' current partners participate?
26. How do children benefit when their fathers are engaged in the services you offer?

Lessons Learned and Goals for Program Improvement

Let's finish up by discussing any important lessons learned from your work to engage fathers in home visiting, and if any, areas where you would like to see improvement.

27. What would you say have been the most successful aspects of your efforts to engage fathers? (*Probe: success for different types of fathers; types of services correlated with success*)
28. How do you think the program could improve its efforts to engage fathers in home visiting?
29. What recommendations would you have for other home visiting programs like yours that are trying to engage fathers?

Appendix A.3

Home Visiting: Approaches to Father Engagement and Fathers' Experiences

Father Interview Guide

8 Respondents per Program

75 Minutes

Public reporting burden for this collection of information is estimated to average 76 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer (Attn: OMB/PRA 0970-0448), Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447

INTRODUCTION

Thank you for agreeing to meet with us today. I'm [INTERVIEWER NAME] and this is my colleague [ASSISTANT NAME], and we're researchers from the Urban Institute, a non-profit social policy research organization in Washington, DC. We are conducting a study about father engagement in home visiting programs. We're trying to learn about how different programs serve fathers by interviewing staff and parents connected with home visiting programs. We want to ask you questions about your experience with this home visiting program. We have a list of questions, but the interview is meant to be open-ended, so you should feel free to respond in as much detail as you like, and there are no right or wrong answers.

INFORMED CONSENT

Before I begin my questions, I'd like to give you a copy of a consent form that describes the purpose of this study, the requirements to participate, the risks and benefits to participation, and other key information. Here is a copy for you to follow along as I read aloud. [HAND RESPONDENT COPY OF FORM]. If you agree to the study procedures, I'll ask you to sign and date your copy of the form.

[Read consent form aloud as respondent follows along.]

Do you have any questions about the study procedures?

Would you please sign a copy of our Informed Consent Form, and then may we begin our interview?

[Participant must sign and return one copy and may keep the second copy.]

[If anyone objects to the recording, the researcher who is not leading the interview will need to take thorough notes.]

PROTOCOL

Demographics and Household Composition

I would like to start by getting some basic background information on you and your family. Then, the rest of the interview will be more open-ended.

1. How old are you?
2. Are you Hispanic or Latino?
3. What race do you consider yourself to be? (For example, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White)
4. Were you born in the United States? (*If no, probe: nationality and time in the United States*)
5. What is the highest level of education you completed?
6. Are you currently enrolled in school or in any job training programs? (*Probe: type*)
7. Are you currently working for pay? (*If working, probe on job type. If not working, probe on whether father is looking for work.*)
8. Tell me about your child who is participating in the home visiting program. (*Probes: gender, age, residence*)
9. Are you married?
 - a. *If yes, is your wife the mother of (CHILD)?*
 - b. *If no, are you in a romantic relationship with the mother of (CHILD)?*
 - i. *If no, are you in a romantic relationship with anyone else?*
10. Do you have any other children? (*If yes, probe: how many, how old they are, where they live, if they have the same or different mothers, relationship with those children's mothers*)
 - a. Do you act as a father or other male role model to any other children you haven't mentioned?
11. Who else currently lives with you in your home? You don't have to give me their names, just who they are in relation to you, like your mother or your sister.

Father Engagement and Parenting

12. Next, I'd like to talk about your relationship with each of your children (including residential, non-biological, if applicable). Let's start with (CHILD). Tell me about how often you spend time together, what sort of things you do with him or her, and what types of support you provide for him or her.

(Probe as needed: activities: for a younger child-read books, change diapers, feed, or put to sleep; for a school-age child- help with homework, go to parent-teacher meetings; any regular responsibilities (take to or pick up from doctor or child care); financial support; child support)

<REPEAT FOR ALL RESIDENT CHILDREN, THEN NONRESIDENT CHILDREN>

13. Do you feel like certain things prevent you from being as involved with your child/ren as you want to be? If yes, what kind of things? *(Probes: for nonresidential fathers: barriers beyond not living with child, e.g.: mother's willingness to let him be involved, or distance/transportation?)*
14. What have been the major challenges of raising your child/ren? *(Probe: experiences with target CHILD.)*
15. Do you and (CHILD's) mother disagree or argue about any aspect of parenting? *(Probes: how to raise a child; discipline; babysitters; doctors; time spent with child or support)*

Motivation for Home Visiting Program Enrollment

We're most interested in learning about your experiences with the (NAME OF HOME VISITING PROGRAM) program.

16. How did you first hear about this program? When was that? *(Probes: whether prenatally; for which child)*
17. What did you think of the program when you first learned of it? *(Probes: why or why not interested)*
18. What were you hoping to get out of the home visiting program?
19. Did anyone encourage you to become involved in this home visiting program? Did anyone discourage you? *(Probes: child mother's reaction and, if applicable, current partner's)*
20. Did you know about programs like this before you joined? If yes, what did you know about them?
21. Had you ever been involved in any parenting or fatherhood program before? *(If yes, probe: types of activities in program; experience)*

Home Visiting Experiences

Next, I'd like to talk about the home visits offered through (NAME OF PROGRAM).

22. Have home visitors come to your home/your child's home while you were present?
If no, probe: if ever invited to participate; reason for not participating
 - a. Did your child's mother want you to participate in the visits? Why or why not?

- b. Does she ever share with you information that she learned from the visits when you didn't join? If yes, what kinds of information does she share?
- c. Has anything (else) prevented you from being involved in home visits?
- d. What could the program do differently to encourage your participation in home visits?
(Probes: recruitment; content and delivery, e.g. father friendly)

If yes, probe: age of child when father first participated; frequency of participation over time)

- a. Tell us about a typical home visit (Probes: who is there, activities, interactions with child/home visitor/mother; content)
 - b. Has the home visitor encouraged you to join the visits? In what ways? (e.g., scheduled the visit so that both parents could attend)
 - c. Do you feel like the home visitor makes an effort to include you in the discussion or activities during the visits? (Probes: impression of home visitor; fathers-only time or visit; father-only content; encouragement to participate)
 - d. Did your child's mother want you to participate in the visits? Why or why not?
 - e. Does she ever share with you information that she learned from the visits when you didn't join? If yes, what kinds of information does she share?
 - f. Has anything (else) prevented you from being involved in home visits?
 - g. What could the program do differently to encourage your participation in home visits?
(Probes: recruitment; content and delivery, e.g. father friendly)
23. Looking back on your experiences, what do you like most about the home visiting program?
Probes: most helpful activity/service/information for father; most helpful activity/service/information for mother and child; benefits for mother and child; age of child when most useful)
24. What do you like least about the home visiting program?
25. Do you feel like you've learned anything (so far) in the program? What have you learned?
(Probes: knowledge of child development, effective/appropriate parenting, importance of engaging with children and in what ways)
- a. How will what you've learned help you and your family in the future?
26. How, if at all, have your experiences in the program changed you as a parent? (Probes: quality of relationship with child, level of involvement, parenting practices, discipline strategies)
27. How, if at all, has the program changed your relationship to the child's mother?

Other Fatherhood Activities

28. Besides home visits, have you been involved in any other fatherhood activities offered through this program or [NAME OF AGENCY]?

If no, *probe: awareness of activities for fathers; barriers to participation in these activities.*

If yes, *probe: which activities/programs with description; how father became involved; most enjoyable activities; most useful aspects; least useful aspects; what father learned)*

Recommendations for Home Visiting Program Improvements

29. Would you recommend the home visiting program to others? Why or why not?
30. Every person has different needs and could use help in different ways. Do you feel like the home visiting program met your individual needs as a father? Why or why not?
31. What aspects of the program do you think have been least helpful to you?
32. What recommendations do you have to improve the program?
(Probes: information provided during visits, structure of visits, timing/scheduling, services offered, availability of services, home visitor, age of child when services are offered; father-only home visits; male or female home visitor)
33. What could this program—or other programs that work with fathers—do to involve more fathers like you? *(Probe: best recruitment strategies)*

Appendix A.4

Home Visiting: Approaches to Father Engagement and Fathers' Experiences

Mother Interview Guide

2 Respondents per Program

60 Minutes

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer (Attn: OMB/PRA 0970-0448), Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington, D.C. 20447

INTRODUCTION

Thank you for agreeing to meet with us today. I'm [INTERVIEWER NAME] and this is my colleague [ASSISTANT NAME], and we're researchers from the Urban Institute, a non-profit social policy research organization in Washington, DC. We are conducting a study about father engagement in home visiting programs. We're trying to learn about how different programs serve fathers by interviewing staff and parents connected with home visiting programs. We want to ask you questions about your experience with this home visiting program. We have a list of questions, but the interview is meant to be open-ended, so you should feel free to respond in as much detail as you like, and there are no right or wrong answers.

INFORMED CONSENT

Before I begin my questions, I'd like to give you a copy of a consent form that describes the purpose of this study, the requirements to participate, the risks and benefits to participation, and other key information. Here is a copy for you to follow along as I read aloud. [HAND RESPONDENT COPY OF FORM]. If you agree to the study procedures, I'll ask you to sign and date your copy of the form.

[Read consent form aloud as respondent follows along.]

Do you have any questions about the study procedures?

Would you please sign a copy of our Informed Consent Form, and then may we begin our interview?

[Participant must sign and return one copy and may keep the second copy.]

[If anyone objects to the recording, the researcher who is not leading the interview will need to take thorough notes.]

PROTOCOL

Demographics and Household Composition

I would like to start by getting some basic background information on you and your family. Then, the rest of the interview will be more open-ended.

1. How old are you?
2. Are you Hispanic or Latino?
3. What race do you consider yourself to be? (For example, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White)
4. Were you born in the United States? (If no, probe: nationality and time in the United States)
5. What is the name of the child who is participating in the home visiting program?
(Probes: gender, age, residence)
6. Do you have any other children? (If yes, probe: number and age; residence; same or different father)
7. Are you married?
 - a. If yes, is your husband the father of (CHILD)?
 - b. If no, are you in a romantic relationship with the father of (CHILD)?
 - i. If no, are you in a romantic relationship with anyone else? (Probe: whether partner is father of any of her children.)
8. Who currently lives with you in your home? You don't have to give me their names, just who they are in relation to you, like your mother or your sister.

Motivation for Enrollment in Home Visiting Program

We're interested in learning about your and your family's experiences with the (NAME OF HOME VISITING PROGRAM) program.

9. How did you first hear about this program? When was that? (Probes: prenatally; for which child)
10. What did you think of the (NAME OF HOME VISITING PROGRAM) program when you first learned of it? What did (CHILD's) father think about the program?
11. Why did you decide to enroll? (Probe on what mother wanted to get out of program.)
12. Did anyone encourage you to sign up for this program? Did anyone discourage you?
(Probe: father's role in or response to participation)
13. When did you first start receiving home visiting services? How old was your child? Or if prenatally, how far along were you in your pregnancy?

Home Visiting Experiences

Next, I'd like to talk about the home visits offered through (NAME OF PROGRAM).

14. Please tell me about your typical home visits. *(Probes: frequency; if the same home visitor; who is there; content; activities; mother's role, participation and interaction with child)*
15. Has your child's father been interested in participating in the home visits? Why or why not?
(Probe as needed: changes in sentiment towards home visits over time; changes in level of involvement over time)
16. How often is your child's father present for home visits? *(Probes: length and frequency of participation)*
17. Has anything prevented him from being involved in the program? If yes, what things?
18. Were you interested in having your child's father participate in the visits? Why or why not?
(Probe as needed: changes in sentiment towards father's involvement; discomfort with father's presence; desired level of father involvement)
19. When he can't join, do you ever discuss with him information you learned from the visit at a later time?
20. When was it most important to you to have him involved in the home visiting program? Was there a period of time when you needed his support perhaps more than other times? When was that?
21. Thinking about the visits he participated in, what was his role during the home visits?
(Probes: Did he mostly listen? Did he get to ask questions? Did he interact with your child during the visits?)
22. Do you feel that the home visitor includes him in the home visits? Why or why not?
(Probes: whether home visitor encourage or discouraged father and examples; father-only focus for parts of visit and content)
23. Do you think his participation in home visits has been good for him? Why or why not?
(Probe: changes in the father.)
24. Do you think his participation in home visits has been good for you? Why or why not?
(Probe: for children)
25. Do you think the program has affected your relationship in any way? Why or why not?
(Probe as needed: parenting and parenting decisions; use in the future)

Recommendations for Program Improvement

26. Do you think it's a good idea that home visiting programs encourage fathers to participate?
Why or why not?

27. What could home visiting programs do differently to encourage fathers to participate?

(Probe as needed: how to encourage/ensure attendance; make fathers comfortable/content delivery; separate home visits for mothers and fathers; male home visitors for fathers)

28. Is there anything else you'd like to share about your experiences in this program?

Notes

1. Home visiting is a service delivery strategy that has been effectively used to reach the most vulnerable populations (e.g., the elderly, youth involved in the juvenile justice system) and address certain risks (e.g., public health programs that address lead and asthma risk). In this report, we use “home visiting” to refer specifically to early childhood home visiting.
2. “Home Visiting,” US Department of Health and Human Services Health Resources and Services Administration, <http://www.acf.hhs.gov/programs/ecd/home-visiting>.
3. “Maternal, Infant, and Early Childhood Home Visiting,” US Department of Health and Human Services Health Resources and Services Administration, <http://mchb.hrsa.gov/programs/homevisiting/>.
4. “Responsible Fatherhood,” US Department of Health and Human Services. <http://www.acf.hhs.gov/programs/ofa/programs/healthy-marriage/responsible-fatherhood>
5. “Promoting Responsible Fatherhood,” Parents as Teachers, <http://www.parentsasteachers.org/resources/promoting-responsible-fatherhood>.
6. “Building Blocks for Father Involvement.” <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/father-engagement/father-male-involvement/BuildingBlocksf.htm>
7. “Head Start Father Engagement Birth to Five Programming Guide” <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/father-engage-programming.pdf>
8. “Home Visiting Evidence of Effectiveness: Healthy Families America Program Model Overview.” <http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=10&mid=2>.
9. “Can Dads Be Part of Nurse-Family Partnership, Too?” Nurse-Family Partnership, <http://www.nursefamilypartnership.org/first-time-moms/expectant-fathers>.
10. “Male Involvement,” National Healthy Start Association, http://www.nationalhealthystart.org/what_we_do/male_involvement.
11. For the purposes of this report, we consider supervisors who also conduct home visits as senior-level staff.
12. Pseudonyms are used to protect the confidentiality of study participants.

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